

Residential Care Services Limited

Franklyn Lodge

Inspection report

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Date of inspection visit:
31 January 2023

Date of publication:
28 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Franklyn Lodge is a residential home providing accommodation and personal care for a maximum of four adults who have a learning disability. At the time of this inspection, there were four people using the service.

People living at the home have their own bedrooms and have access to communal facilities including bathrooms, lounge and dining areas, the kitchen and garden.

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

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.

Right Support: 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. People were offered choices about what they wanted to do and the support they required from staff. People's care plans provided guidance for staff on meeting their needs in the way they preferred. People were supported to participate in activities that were important to them.

Right Care: People received person centred care. Staff understood the importance of ensuring people were supported in a way that promoted their dignity, privacy and human rights. People did not have to wait for support when they required it. Personal care was provided in a way that was respectful of people's privacy and dignity.

Right Culture: The registered manager and staff understood the importance of ensuring people received good quality care and support that reflected best practice in working with people with learning disabilities and autistic people. Staff had received training in understanding learning disabilities and autism and were knowledgeable about people's needs and preferences. Information was shared to ensure staff were up to date on current best practice. Accidents, incidents and concerns were shared with local authorities, family members and the CQC where appropriate. Learning from incidents and concerns was used to improve staff practice in caring and supporting people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 21 February 2020) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Franklyn Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager.

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We reviewed two people's care records, four people's medicines records, four staff files, policies and procedures and a range of records relating to the management and quality monitoring of the service. We spoke with two people living at the home, the registered manager and two care staff. We received feedback from a family member of a person living at the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to ensure fire safety risks had been fully assessed and addressed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- Following our last inspection of the home the London Fire Brigade (LFB) had issued a requirement notice in relation to fire safety deficiencies. At this inspection we saw evidence that the LFB were satisfied that the required fire safety improvements had been met. Regular checks of fire alarms and equipment had taken place. The provider had commissioned a fire safety assessment from a reputable company and actions identified in the assessment had been addressed. People had personal emergency evacuation plans (PEEPS) that provided personalised information required in case of an emergency evacuation of the home.
- People had person centred risk assessments. These included guidance for staff on safe management of identified risks, such as health, behaviours and participation in community activities. The registered manager and staff we spoke with understood how to reduce risks to people.
- Environmental risks in relation to the home were regularly assessed and actions taken to ensure potential maintenance and other safety risks were addressed.
- Regular safety checks had been carried out, for example, in relation to gas and electrical systems and portable electrical appliances.

Using medicines safely

At our last inspection we found the provider had failed to ensure people's prescribed medicines were safely managed. Checks of medicines had not included stock counts and evidence that regular agency staff administering medicines had received appropriate training was not provided. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- People's prescribed medicines were safely stored and managed. Staff had completed medicines administration records correctly. Checks of records and stock counts of medicines had been carried out.
- All staff, including regular agency staff, had received training in safe administration of medicines. Medicines competency checks had been carried out for staff administering medicines to ensure safe practice.
- The provider had detailed policies and procedures in place in relation to medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us staff supported them to stay safe. One relative told us they considered their family member

to be very safe living at the home.

- Staff had received training in safeguarding adults. They understood what they should do if they suspected a person was at risk of harm or abuse.
- We looked at the home's safeguarding records and noted there had been no recent safeguarding concerns. We saw that any concerns relating to people's wellbeing were dealt with promptly and reported to the local authority where appropriate.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Sufficient staffing had been provided to ensure people received the support they required. The home's rotas showed there were two staff members on each shift and one waking night worker available for people who required support at night. The registered manager also provided support where additional staffing was required, for example, when a rostered staff member was supporting people in the community. We saw that staff engaged actively with people to ensure their needs were met promptly.
- The service used agency staff. The staffing records showed that agency staff who were known by people worked at the home on a regular basis to ensure continuity of care and support. The provider had recently recruited agency staff who had worked at the home for some time to permanent positions as support workers.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- Visiting arrangements at the home were in accordance with current government guidance. People received visits from relatives and friends. Staff also supported people to visit relatives and friends in their own homes.

Learning lessons when things go wrong

- The home maintained records of accidents and incidents. These showed details of actions taken to reduce harm and prevent the likelihood of any re-occurrence. People's care plans and risk assessments were updated following incidents to reflect their needs and wishes.
- Staff had discussed accidents and incident in team meetings to ensure lessons were learnt and improvements to their practice were embedded.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found gaps records relating to staff training and limited evidence of regular staff supervision. This was a breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- New staff members received an induction when they commenced employment at the home. This was linked to the outcomes of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme]
- The home's training records showed that all staff, including regular agency staff, had received training in a range of subjects including learning disabilities, autism awareness, fire safety, infection control and food safety, medicines, safeguarding and dignity in care. Staff were also provided with opportunities to undertake training for a qualification in health and social care. The training matrix showed that staff training was refreshed on an annual basis where appropriate. A staff member told us, "The training here is very good. We can ask for training if we think we need it."
- All staff, including regular agency staff received regular supervision from the registered manager. The records of supervisions sessions showed staff were provided with opportunities to discuss care and support practice, training and personal development.

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

- People's health, care and support needs and preferences had been assessed before they moved into the home. This enabled the provider to ensure they were able to provide the care and support people required.
- People's initial assessments were used to develop care plans. These provided staff with guidance on what support people required and how this should be delivered. Care plans were reviewed regularly and updated when there were any changes in people's needs.
- Two people and a relative told us they had been involved in developing their care plans.

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

- People were supported to eat and drink a healthy and balanced diet. Care plans contained information about individual dietary needs and preferences, including cultural preferences.
- The home's menus were developed with people and were prepared by staff using fresh ingredients. Alternative foods were offered where people wished to eat something different. We observed staff members offering people choices of food and drink.

- Where people were able and willing to assist with meal preparation they were encouraged to do so. One person told us, "Staff are helping me to learn how to cook my own food."
- People were supported to have meals in cafes and restaurants as part of the programme of activities.

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

- Staff supported people to maintain good health and wellbeing. People had health action plans that described their health needs and what staff needed to do to ensure they could stay healthy.
- Staff supported people to attend appointments with healthcare professionals. Outcomes of these appointments were recorded and communicated to staff members to ensure recommendations made by healthcare professionals were followed.
- People's care and support records showed staff responded promptly to access appropriate services where there were any concerns about people's health and wellbeing.
- People were encouraged and supported to take exercise, such as going for walks. Staff monitored people's weight. The registered manager told us any unexplained weight gain or loss would lead to a GP referral to ensure there were no underlying health conditions.

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

- The home environment was designed and decorated appropriately to meet the needs of people living there. No-one living at the home had mobility or sensory impairments requiring adaptations. The registered manager told us that, should a person need specialist adaptations in the future, efforts would be made to provide these wherever possible.
- People had spacious rooms that were decorated and furnished with items which reflected their tastes and preferences. The communal areas were clean, well-decorated and spacious. Pictorial and easy to read information was displayed for people's information.
- People had access to a garden. The registered manager told us this was well used in good weather and people often chose to eat meals outside.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care plans included information about their capacity to make decisions. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety. Any conditions included in people's DoLS authorisations were met.
- Best interest decision processes had been followed where people were unable to make decisions for themselves, for example, in relation to COVID-19 vaccinations. Family members and relevant health and

social care professionals were involved in supporting and agreeing best interest decisions.

- People were supported by staff who had received MCA/DoLS training and understood their responsibilities around ensuring consent. We observed staff offering people choices in ways they understood.
- The provider had policies and procedures in place that reflected best practice in relation to the MCA and DoLS.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found failures in quality performance, risks and regulatory requirements. The provider's quality assurance systems had failed to identify concerns in relation to fire safety, medicines and staff supervision and training. People's personal records were not stored in lockable cabinets meaning their confidentiality was compromised. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- The provider had developed their quality assurance systems to ensure regular monitoring of a wide range of safety, care and staffing issues and care needs. Monitoring records were up to date and showed that regular audits had been carried out. Where failures had been found during the monitoring process, actions had been put in place to immediately address these. The provider had recently introduced an electronic care monitoring system. This identified when records and actions had not been completed. The registered manager showed us how they used the system to monitor activities in 'real time'.
- Care records and other confidential information were stored in locked cupboards. Staff used the electronic care monitoring system to update care plans, risk assessments and daily records. This was password protected and could only be accessed by care staff and management.
- Staff understood their roles and responsibilities in maintaining quality of care and meeting regulatory requirements. The records of regular individual supervision sessions and team meetings showed quality and regulatory issues were discussed with staff. A staff member told us, "I have all the information I need to do my job well."

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

- People and their relatives spoke positively about the staff and the registered manager. We observed friendly interactions between people, staff and the registered manager. We saw people were offered choices and were able to change their plans for the day as they wished. A relative told us, "The registered manager is very good. I can't fault the way the home is managed."
- People received care that was personalised and responsive to their needs. Care plans contained up to date information about people's care and support needs and how they preferred their support to be provided. People and relatives were involved in developing their care plans.
- People received support from a stable staff team who understood their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of ensuring the duty of candour was maintained. Incidents and concerns had been notified to the commissioning local authority and to the CQC where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Staff participated in regular team meetings where they were able to discuss issues related to their work at the home.
- People took part in monthly house meeting where issues such as menus, activities and changes at the home were discussed. The minutes of these meetings showed people were encouraged to participate as much as possible.
- The provider had carried out regular surveys of family member's views. The current survey was in progress. We saw a copy of a completed survey form that showed high levels of satisfaction.
- The registered manager participated in the provider's senior executive team meetings. They told us these meetings were used to disseminate information and to share best practice in care and support.

Working in partnership with others

- Staff and management worked in partnership with health and social care providers to achieve positive outcomes for people. They also worked with community-based services to support people to widen their activities. For example, staff had liaised with a local college to support a person to develop their skills and independence.