

## Residential Care Services Limited

# Franklyn Lodge

### Inspection report

8 Forty Lane  
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Date of inspection visit:  
17 November 2016

Date of publication:  
23 December 2016

### 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 undertook an unannounced inspection on 17 November 2016 of Franklyn Lodge 8 Forty Lane. Franklyn Lodge 8 Forty Lane is registered to provide accommodation and personal care for a maximum of nine adults who have learning disabilities. At the time of this inspection, there were nine people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were reviewed monthly and were updated when people's needs changed.

Relatives informed us that they were satisfied with the care and services provided. Relatives also told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy. There was a record of essential maintenance carried out at the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made necessary applications for DoLS as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Records showed that the relevant authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a management structure in place with a team of care workers, registered manager and the provider. Staff spoke positively about working at the home. They told us management were approachable and the service had an open and transparent culture. There were systems in place to monitor and improve the quality of the service.

## 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. Relatives we spoke with told us their family members were safe.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service. So only suitable staff were employed to provide people with care and support.

### Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt supported by their peers and the registered manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

### Is the service caring?

Good ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of people's care meetings had been conducted with relatives in which aspects of their care was discussed.

### Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

**Is the service well-led?**

**Good** ●

The service was well-led. Relatives told us that management were approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care workers, the registered manager and the provider. Staff were supported by management and told us they felt able to have open and transparent discussions about the service with them.

The quality of the service was monitored. There were systems in place to make necessary improvements.

# Franklyn Lodge

## **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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were nine people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day.

We spoke with two relatives. We also spoke with the provider, registered manager and two care workers. We reviewed four people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

Relatives of people using the service told us they felt their family member was safe in the home. They told us "I have no concern about their safety" and [Person] is definitely safe. There is always someone around with them to make sure [person] is okay. I am very happy about that."

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse. When speaking to care workers, they were able to explain the different types of abuse and the steps they would take if they suspected any potential abuse. Care workers told us "We always check people's bodies for marks and report it straight away", "If we know something is wrong, we would report to safeguarding", "If you see things, you shouldn't cover it. You report it to the manager and write it down. That is our job" and "You see anything you report it."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Comprehensive risk assessments forms were completed for people using the service. The forms identified the risk and measures to manage the risk in various areas such as choking, mobility, out in the community, getting in and out of the bath and refusal to attend medical appointments and were individualised to people's needs and requirements. When people displayed signs of behaviour that presented a challenge, there were behaviour guidelines which showed the triggers and signs which would cause them discomfort and the support that was required by staff to help people to feel at ease. Records showed the home used proactive strategies to deal with behaviours that challenged such as giving people space, reassurance or diverting the person's attention to something they liked and enjoyed.

There were adequate numbers of staff on the day of the inspection. The atmosphere was calm in the home and staff were observed not to be rushed or under any pressure. We found care workers had worked at the home for a number of years which ensured a level of consistency in the care being provided and familiarity to people using the service. This was evident through our observations. We saw that people were comfortable around staff. Care workers told us "It's nice here. We have enough staff. Every month we get the rota and know whose working" and "We have always got cover. It is settled and we work well as a team." The registered manager told us they did use agency staff however these were staff that had been at the home for a number of years. This was to ensure people's care was delivered by regular staff to maintain consistency.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. We looked at the recruitment records for four care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

There were suitable arrangements in place to manage medicines safely and appropriately. People using the service had individual medication profiles which listed medicines they were prescribed, the dosage and times it should be taken. We looked at a sample of the Medicines Administration Records (MAR) sheets and

saw they had been signed with no gaps in recording when medicines were given to a person, which indicated people received their medicines at the prescribed time.

There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately.

Care workers had received medicines training and policies and procedures were in place. The registered manager told us she was in the process of implementing medicines competency assessments for staff to ensure they were assessed and monitored to demonstrate they were capable to support people with their medicines safely.

There were appropriate arrangements for managing people's finances and this was done in agreement with people using the service and their relatives where necessary. Money was accounted for and there were records of financial transactions. The registered manager conducted monthly checks and signed off the balances to evidence they were correct. Relatives told us "Finances are spoken about during care review meetings. They always inform me when they need to spend money and what for" and "With the finances it works both ways. Sometimes they will purchase things and sometimes I will but they check with me first. I also get a yearly update and finances are discussed during care review meetings."

There was a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for maintenance of the building and equipment, and to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the home's water supply and maintenance checks had also been carried out. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. Fire drills had been carried out, testing of the fire alarm and equipment were completed monthly by the registered manager. People using the service had a personal emergency and evacuation plan (PEEP) in place in case of fire.



## Is the service effective?

### Our findings

Relatives spoke positively about the staff. Relatives told us "Lovely staff. Very nice, very welcoming", "Staff are very good, anything they are not sure of, they will check with us first" and "Staff know the family well."

Staff told us that they felt supported by their colleagues and management. They spoke positively about working at the home. Care workers told us "They [Management] are supportive" and "It's the best team. We have a team that knows people's needs."

Records showed staff were supported to gain and develop their knowledge and skills to enable them to support people effectively. We saw from records that staff had undertaken an induction when they started working at the home. There was on-going training to ensure that staff developed and maintained their skills and knowledge. Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care. One care worker told us "They have put me forward for NVQ 3."

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included moving & handling, emergency first aid, food safety, medication, safeguarding and infection control. Records showed that staff also received training that was specific to people's needs to enable them to have the skills and knowledge to support people appropriately such as diabetes, autism, challenging behaviour and epilepsy. When speaking with a care worker they were able to explain the symptoms of a seizure and what action they would take if a person suffered a seizure in the home.

Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. Staff told us "Training makes you learn more and it is very good" and "Training helps a lot. The trainer is very good. We never leave training without having learnt something. We discuss it at team meetings as well so it all helps."

Records showed that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress. Care workers told us "Supervisions are helpful. We can talk about how we feel" and "Supervisions are regular and very helpful."

Records showed agency staff were also supported by the provider to have the knowledge and skills they needed to carry out their roles effectively. Records showed agency staff received the same training as the permanent staff so there was consistency in the care people received. The registered manager told us and records showed a group supervision conducted with agency staff. Records showed as part of the group supervision, agency staff had the opportunity to discuss any training needs, experiences and any concerns or suggestions they may have. Agency staff were also encouraged to report any wrong practice and read the home policies such as mental capacity and Deprivation of Liberty Safeguards (DoLS).

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 checked whether the service was working within the principles of the MCA. We noted that care plans contained information about the person's mental state and cognition. A mental capacity assessment had been completed which outlined where people were able to make their choices and decisions about their care. Areas in which the person was unable to give verbal consent, records showed the person's next of kin and healthcare professionals were involved to get information about the person's preferences, care and support and decisions were made in the person's best interests. Records also showed an independent advocate had been appointed for one person using the service as they did not have the capacity to make some decisions themselves. This ensured the person's best interests were being considered and they were being supported to be involved in the decision making process as much as they were able to do so.

Staff had knowledge of the MCA and training records confirmed that staff had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. Care workers told us "People can make some decisions and some are unable to do so" and "Some people don't have the ability to make certain decisions but we need to support them and explain to them. We also have to consult families if needed."

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Observations and records showed evidence that people went out and enjoyed various activities and community outings. Training records showed care workers had received DoLS training and were able to explain how people's liberties could be deprived and the reasons why this may be needed for their safety and best interests. Care workers told us "We do it for their safety not to restrict them" and "We need to get permission for any restrictions like the front door being locked. We can't leave the doors open as they are not aware of the risk and may get hurt."

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported to access health and medical services when necessary. Care plans detailed records of appointments and medicines prescribed by healthcare professionals including GPs, chiropodist, occupational therapists, dentists and opticians. The records contained information which showed the date and type of appointment, reason for the visit, the outcome and any medication prescribed. One relative told us "The manager always lets me know about any appointments. Recently [person] had to go to the doctor, they kept me updated and [person] is now okay."

People were supported to get involved in decisions about their nutrition and hydration needs. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly adhered to. One care worker told us "Each person has their favourites. They can point out what they want." The kitchen and dining areas were fully accessible to people using the service throughout the day. We observed people using the service were given drinks and snacks when they arrived back from the day centre and care workers respected and adhered to people's choices and wishes.

During the evening meal, we observed the food was freshly cooked and care workers supported and

prompted people only if it was needed. We saw people were not rushed and were left to eat at ease and at their own pace. There was a menu in place which staff told us was based on what people enjoyed however if people did not want what was on the menu, alternative meals were accommodated for. We asked the registered manager how they monitored what people ate to ensure they had a healthy and balanced diet. The registered manager showed us a record was made on a daily basis outlining what people had eaten and drank throughout each day and evening.

We found the premises were clean and tidy. A relative told us "Everything is always tip top and tidy." One care worker told us "They [management] are very good domestically. We always make sure the rooms are clean." However we noted and discussed with the registered manager the décor of the home as it contained basic furnishing and there was a need for improvement. The home was tired looking. The decor was bland with old furnishings with no bright colours or pictures. The registered manager told us they had recently purchased a new sofa for the home but will address these issues and ensure the décor was improved.

# Is the service caring?

## Our findings

Relatives spoke positively about the way people were looked after. Relatives told us "They speak to [person] in a mannerly and respectful way", "[Person] is very comfortable here. [Person] knows this is their home", "[Person] always seems happy when we go to visit" and "Staff talk to [person] respectfully and [person] responds accordingly."

During the inspection, we observed positive relationships between people and the staff. We observed that staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and spoke in a gentle and pleasant manner to people. Staff approached people and interacted well with them.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. Care workers told us "You always knock on their door. When you provide them with personal care, you reassure them by saying things like 'I'm just helping you' and letting them know what you are doing" and "You let them know what you are doing and tell them 'if you feel uncomfortable you have to say'. If they feel any discomfort, we try and talk with them, make sure they are okay and then we continue with the personal care."

People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. All bedrooms were for single occupancy. People were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, to assist people to feel at home.

Care plans set out how people should be supported to promote their independence. During the inspection, we observed care workers provided prompt assistance but also encouraged and prompted people to build and retain their independence. For example we observed people independently used the bathrooms and changed their clothes when they came back from the day centre. Care workers told us "We prompt them but they wash themselves" and "When helping [people] to dress, we give them a choice and they pick what they want." One relative told us "[Person] is always tidy and well dressed every time I go there."

People using the service were unable to verbally communicate with us. However people's care plans contained information which showed how people communicated and how staff should communicate with them. For example, in one person's care plan, it stated "I try to communicate but I am not very clear. I use gestures and body language. I say words like cup of tea" and "I have difficulty in communicating especially when I am excited. Staff need to continue to encourage me to express myself in words." During the inspection, we observed staff interacting well with people and spoke with them in ways that people were able to understand. Care workers told us "You get to understand each other. All of them have facial gestures you can identify" and "You know that something is wrong by their body language, if they are withdrawn or are quiet."

There were arrangements in place to ensure people were involved in expressing their views. Records showed there had been formal review meetings with people using the service, their relatives and local authority representatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. Relatives confirmed this and told us "Last week we had a care review meeting. It is very useful and keeps me in the loop about [persons] care" and "Yes we have care review meetings. They also send me information if I am unable to attend and we get a yearly update on [person's] progress."

## Is the service responsive?

### Our findings

Relatives spoke positively about the service and care people were receiving. They told us "[Person] gets everything they need", "I am happy with the care provided for [person]", "They give [person] everything they need" and "[Person] is getting to do a lot of things and benefits by being here at Franklyn Lodge."

People received personalised care that was responsive to their needs. We looked at four care plans of people using the service. Each care plan contained a service user handbook, service user guide, a statement of purpose for the service, contract of residence and complaint procedure. The care plans contained detailed information on the support the person needed with various aspects of their daily life such as personal care, health, communication, eating and drinking and community participation.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were reflected and information such as the person's habits, daily routine and preferred times to wake up and go to sleep. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to enable people to do tasks by themselves. This demonstrated that the provider and registered manager were aware of people's specific needs and provided appropriate information for all care workers supporting them. When speaking with care workers, they were able to tell us about people's personal and individual needs. Care workers also told us there was a handover after each of their shifts and daily records of people's progress were completed each day. One care worker told us "I have worked with the people so I know their needs but if I don't understand anything I will read the care plans and report back to the manager any new behaviours or changes."

People were supported to follow their interests, take part in them and maintain links with the wider community. People using the service attended a day centre five days a week. Relatives told us "[Person] goes to college at the moment. They support [person] with that. [Person] enjoys what there are doing. [Person] gets to go out, go shopping, staff support them to go up town. They keep [person] well occupied" and "[Person] has recently taken up swimming which staff are supporting them to do."

People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. Relatives told us "I can go to [persons] room, we can talk and sit together without being disturbed. There are no restrictions."

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted six monthly reviews of people's care plans and care provided. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the

registered manager would seek to resolve the matter quickly. There were no recorded complaints received about the service. Relatives we spoke with had no complaints or concerns about the service.

## Is the service well-led?

### Our findings

When speaking with relatives, they spoke positively about the service, the staff and the registered manager. A relative told us "Everything is fine here. I am quite happy with the way things are at the moment."

Relatives also spoke positively about the provider. They told us "Management are helpful. They always keep me informed about everything. We can pick up the phone to speak with them anytime if we need to" and "They are very helpful. They listen and always try to help."

During this inspection, the management structure in place was a team of care workers, registered manager, and the provider. Care workers spoke positively about the management in the home and told us "They respect the staff and care for us. They always make sure they get the right people that can look after people. They look after the people well" and "They are like my sisters. It's like family here."

Care workers spoke positively about the open and transparent culture within the home and the provider. They told us "We can talk to the team leader and take things all the way up to the provider" and "They [management] are very approachable."

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers told us "The staff here take the minutes. We can talk about whatever we are not happy about or speak about anything that needs improving" and "They [management] always update me on matters and we always have staff meetings. Everyone has a voice. We talk with respect with each other and it runs very well here."

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed checks of the service were being carried out by the registered manager. Records showed any further action that needed to be taken to make improvements to the service were noted and actioned. Records showed spot checks had been conducted in the home to measure the quality of service being provided and assessing staff performance in various areas of the service such as medication, engaging and interaction with people and food and drink. The spot checks highlighted good practice and areas of improvement were being followed up to ensure the service being provided to people was of a good standard and appropriate to their needs.

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.