

# Care UK Community Partnerships Ltd

## Franklin 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Franklin House is a nursing home for people over the age of 65 years. The home caters for people who need care at the end of their lives, people with general nursing needs, people living with the experience of dementia and people who need short stay accommodation. At the time of the inspection 61 people were living at the service.

The service is managed by Care UK Community Partnerships Ltd, a private organisation providing health and adult social care across the United Kingdom.

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

People were happy living at the service. They felt well supported and cared for. They said that the staff treated them with kindness and respect. Their needs were being met and they felt involved in their care. People's relatives were also happy with the service. They said they were well informed and able to contribute their views on how people were cared for.

The staff told us they enjoyed working at the service. They felt well supported and had the training and information they needed to provide effective care. They took part in regular meetings and were able to share their views about the service and improvements they felt were needed. There were systems in place to make sure only suitable staff were employed.

The provider employed staff who organised, planned and facilitated a range of different leisure activities involving children and adults from the community. The staff had developed comprehensive life story books for each person which included information and photographs from their past, as well as documenting the things they had done since moving to the service. All of the staff, as well as people's friends and families, used these books to encourage conversations.

The provider aimed that people should remain in the service for the end of their lives if this was their wish. They provided exceptional care, pain relief and comfort for people at this time, as well as supporting people's families.

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 safely cared for. Risks to their safety and well being were assessed and planned for. They received their medicines in a safe way and as prescribed. The premises and equipment were safe, clean and regularly checked to make sure they stayed so. The provider operated effective systems for safeguarding people from abuse, reporting accidents and incidents and dealing with complaints.

People were able to make choices about the food they ate and drank. The staff made sure they stayed hydrated. Individual dietary needs were catered for and the staff monitored people's weight to make sure they identified changes to this. People had access to external healthcare professionals and the staff liaised with these professionals, so people's healthcare needs could be met.

The registered manager was experienced and knew the service and individual people who lived there well. They worked closely with the staff and monitored all aspects of the service. The provider's senior management team regularly visited the service. The provider had taken action where improvements were needed. They gathered feedback from people using the service, staff and other stakeholders and acted on this feedback to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 10 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Franklin House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by an inspector, assistant inspector, member of the CQC medicines team 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.

#### Service and service type

Franklin House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at other information we held about the provider which included notifications of significant events, information on the provider's own website and other public information. We spoke with a representative of the Local Authority quality monitoring team who visit the home to carry out their own

assessments

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, seven visiting relatives and friends and staff on duty. The staff we spoke with included care assistants, nurses, the lifestyle coordinator, kitchen staff, domestic staff, the deputy manager and registered manager. We also spoke with the provider's regional director and operations manager.

We looked at the care records for five people who used the service. We looked at how medicines were being managed, including storage, administration and record keeping. We looked at the staff recruitment records for six members of staff, records of staff training, meetings and supervisions, records of complaints, accidents, incidents and the analysis of these and other records used by the provider for monitoring the quality of the service.

We observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the environment and equipment being used, as well as records of the provider's checks on these.

After the inspection

We continued to seek clarification.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe. This sentiment was reflected in feedback the provider had received directly from stakeholders and on an independent care home review website. Some of the comments included, "I felt immediately happy leaving [person] at Franklin House" and "I was concerned as this was the first time [person was going to a care home], but from the initial assessment I felt at ease."

- The provider had procedures for safeguarding adults and whistle blowing. The staff were trained in these and were able to tell us what they would do if they were concerned someone was being abused. The procedures had been followed when alerts were raised. The local authority was confident the provider would investigate concerns and deal with these appropriately. There were clear records to show how concerns had been investigated and people were protected from further abuse.

Assessing risk, safety monitoring and management

- The staff had assessed risks to people's safety and wellbeing. They had recorded how to minimise these risks and support people to be independent where they were able. Other professionals had been involved in creating these assessments and plans. They were regularly reviewed to make sure they remained accurate and reflected people's needs. The staff had a good understanding of these risks and how to support people safely.

- The staff supporting people to move, use equipment, eat and take part in daily activities did this in a safe way. They had received appropriate training, information and support to understand how to care for people safely. Their skills and competency were assessed to make sure they followed procedures, such as those associated with using equipment like hoists and specialist beds.

- The environment was safely maintained and risks within this were assessed. The provider arranged for regular checks on equipment, utilities and the environment. Where problems were identified they had ensured these were rectified. There were appropriate arrangements regarding fire safety and plans to make sure people were protected in event of an emergency.

Staffing and recruitment

- There were enough staff employed to keep people safe and meet their needs. The provider displayed the staff rota for people using the service, staff and visitors to see who was on duty. They regularly reassessed people's needs, and the staffing levels reflected this. People told us their needs were met and they did not have to wait for care.

- The provider had procedures to make sure only suitable staff were recruited. These included formal interviews and a number of different checks on their suitability, identity and eligibility to work in the United Kingdom. The staff received a comprehensive induction when they started work, which included ongoing assessments and supervision. This ensured they were able to work effectively.

#### Using medicines safely

- People received their medicines in a safe way and as prescribed. Medicines were stored securely and there were regular checks on the storage arrangements and temperatures. The staff administering medicines had been trained and had their competencies assessed to make sure they could do this safely.

- People had their medicines regularly reviewed by the prescriber. The staff kept accurate and up to date records of medicines administration and there were audits of medicines management which identified any areas where improvements were needed.

#### Preventing and controlling infection

- There were appropriate systems for monitoring, preventing and controlling infections. These included supplying the staff with the protective clothing and equipment they needed. There were contracts for the collection and disposal of waste. Hand sanitisers were provided in each bedroom and the staff received training and guidance about infection control and hand washing.

- The environment was clean on the day of our visit and we saw domestic staff working throughout. People told us that it was always clean and they did not have any concerns in this area. The provider carried out audits of cleanliness. This meant they identified when changes to the cleaning schedules or systems were needed.

#### Learning lessons when things go wrong

- There were systems to identify and respond to complaints, accidents and incidents. When an incident occurred, the staff recorded what had happened and their response. These records showed they had taken appropriate action. The registered manager analysed these records so that any trends could be identified and to make sure procedures had been followed.

- The senior staff discussed all accidents, incidents and adverse events during daily meetings to make sure they were all aware of these and any action they needed to take. There was further discussion at team meetings to make sure staff worked consistently and learnt from these. The registered manager had recently introduced a new system for improved monitoring of accidents. This ensured all staff had the information needed to learn from these.

- We were able to see examples of shared learning from incidents, where the registered manager had discussed these with other Care UK managers. The registered manager told us they had weekly meetings where they shared good practice and learning from incidents.

- The provider had enabled some of the staff to undertake specialist training to become falls champions. They had found ways to support the other staff to understand about good practice to prevent falls.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team carried out assessments of people's needs and choices before they moved to the service. They met with people, and their representatives to find out about how they wanted to be cared for. People using the service and their relatives commented that this was a reassuring process and had helped them to understand about the care they could expect.

- We saw a range of different assessments for each person which outlined their health and personal care needs as well as any risks to their safety. These had been used to develop care plans. The staff reassessed people's needs regularly to make sure plans were updated when these needs changed.

Staff support: induction, training, skills and experience

- People were being cared for by staff who were well trained and supported. The staff demonstrated a good knowledge of people using the service, their individual needs and how to meet these. New members of staff completed a range of training and shadowed experienced staff during their induction. Their skills, knowledge and competencies were assessed as part of this and additional training provided when needed. One member of staff told us, "I was so scared [when I started work]. But this workplace gave me so much experience and knowledge."

- The staff received written information to help them understand about the organisation and the service. There were posters and leaflets available in staff rooms and offices, and they had access to computerised information via the Care UK staff intranet. There were regular training updates and the registered manager monitored when these were due. We saw evidence they had written to staff to remind them when they needed to renew their training. Nurses were supported to undertake additional training to maintain their clinical skills and registration with the Nursing and Midwifery Council.

- The staff took part in regular meetings. There were daily handovers of information for all staff and a daily management meeting to discuss the service. There were also regular team meetings for different groups of staff. They were able to contribute their ideas and told us they felt listened to. All staff attended individual meetings with their line manager to discuss their work and set objectives which they could work towards. The provider supported the staff to undertake vocational qualifications.

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

- People had enough to eat and drink and were able to make choices about this. People using the service and their relatives spoke positively about the food.

- The chef had a good understanding about people's dietary needs. They met with people and their families when they moved to the service to find out about their requirements. They also had regular meetings with people to gather feedback about the food. Records of these meetings showed that they had responded to comments and made changes to the menu when needed. There were a number of choices for each meal. People were able to make a choice when the food was served because the staff showed them different options plated up so they could see how the food looked and smelt before choosing. The chef also prepared individual meals for people who wanted something different.

- There were snack boxes with fruit, sweet and savoury snacks available throughout the day and night on each unit. We saw people being offered snacks from these. There were also drinks stations in all communal rooms and corridors, where hot and cold drinks were available for people to help themselves or be served from. The day of the inspection was a hot one and we saw people were offered regular fluids and ice lollies.

- People's care plans included information about their nutritional and hydration needs. These had been assessed. Where people were considered at nutritional risk, or had a specific dietary need, they had been referred to healthcare specialists, who had helped to develop care plans. The staff monitored people's weight, food and fluid intake and reported any concerns to their doctor, so action could be taken.

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

- The environment was well designed and had been adapted to meet the needs of the people who lived there. The home included features specifically designed to engage people and meet the needs of those who had dementia. There were a number of themed rooms, including a bar and lounges set up to look like family homes from the past. All communal rooms and corridors were equipped with interactive features, such as wall art and toys, objects from the past, clothes and different textures. These were intended for people to use as they wished, including taking them to their rooms or moving them around the home. The staff had been particularly thoughtful in designing features around the rooms and which could be viewed from rooms where people were unable to leave their beds.

- The building was light, well ventilated and pleasantly decorated. The provider had recently redecorated areas of the building, so that it all looked fresh and attractive. They had purchased new furniture and were in the process of purchasing more. The staff made an effort to make the environment look attractive, using table cloths and placing flowers on tables. There was wifi access throughout the home for people using the service and their visitors. The registered manager and staff were proud of the way the service looked and told us they wanted to make sure people felt comfortable and happy there. Some visitors commented on the environment saying they thought it looked much nicer than other care homes they had seen.

- There were notice boards throughout communal areas providing information for people using the service and visitors. For example, information about dementia, where to go for help and what to expect, information about planned activities, the menus, CQC reports and meeting minutes.

- There was an accessible garden, which people regularly used, and were doing so on the day of our inspection. There were individual planters which people had created for growing the flowers and plants they wanted. There were plenty of shaded areas and tables for people to gather in small groups, so they could socialise.

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

- The staff helped to meet people's healthcare needs. The provider employed nursing staff who monitored

people's wellbeing and liaised with other healthcare professionals to make sure their needs were met. There were detailed care plans regarding individual health care needs and these were regularly reviewed and updated.

- Records showed that people had regular healthcare appointments and the professionals they saw were involved in planning and monitoring their care. There was good communication between the staff and other services to make sure people received joined up care. There was clear guidance for the staff about individual healthcare conditions and the support people needed.
- Franklin House had recently received a reward from the local Clinical Commissioning Group for two years free of preventable pressure sores. They had been commended for their work providing support to make sure people did not develop these wounds. They had also worked closely with community nurses to treat and heal wounds people had when they moved to the home. As a result, the condition of some of these wounds had improved, resulting in and linked to further health improvements for these individual people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had carried out assessments of people's mental capacity. Care plans included information about this and the decisions they could make. There was also information about how the staff could enable people to understand information and make informed choices. Where people lacked the mental capacity to make decisions about their care, the provider had applied for DoLS authorisations. They kept a record of when these needed to be renewed and any additional information regarding these.
- The registered manager kept records regarding restrictions and interventions which could be seen as restrictive, as well as information about people's mental health needs. They monitored these to make sure people were being cared for in the least restricted way and were supported to make decisions where they were able. We saw that the staff offered people choices about their daily lives and respected the decisions people made, for example regarding where they spent their time, what they did and the food they ate.
- The provider had involved people's representatives in making decisions where appropriate. Details of this process had been recorded. This ensured that there was clear evidence of how decisions had been made and that these were always being made in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. They told us that the staff were kind, caring and attentive. They had good relationships with them. Some of the comments from people using the service and their relatives included, "The staff are really good, I can't fault them. They are kind and thoughtful", "We are very happy, the best thing is the staff", "Yesterday was [person's] birthday – all the staff came in [their] room with a cake and sung"
- Throughout our inspection we observed the staff being compassionate, caring and kind to people. When they spoke with them they made sure they were at eye level, they used gentle touch to help communicate with people and they were patient allowing people to make choices and take their time to communicate. Ancillary staff, such as cleaners, had conversations with people while they were working. There was a sense of community and friendship at the service.
- The registered manager told us they had worked hard to make mealtimes a positive experience. We observed this to be the case, with a relaxed and calm atmosphere, where people were able to take their time. Those being supported by staff were given their full attention. There was music and people were encouraged to sit in groups and have conversations with each other.
- People were supported with their faith. There were regular church services at the home and visiting religious groups offered people opportunities to worship. The provider had a policy for supporting people who identified as LGBT+ (Lesbian, Gay, Bisexual and Transgender). The provider organised a group to be part of London Pride (an event celebrating the LGBT+ community). People using the service and staff were offered the opportunity to be part of this. The staff had undertaken training in equality and diversity. The service's lifestyle coordinator met with people when they moved to the service, and regularly after that, to make sure their individual needs were identified and being met.

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

- When people moved to the service, they and their representatives were asked for their views and to make decisions about how they would like to be cared for. Their preferences were recorded in care plans, which were regularly reviewed. The lifestyle coordinator also created "life story" books with people which gave the staff insight into people's personalities and life experiences, so they would have a better understanding about how the person wished to be cared for. People confirmed the staff offered them choices about their daily lives and we also observed this.

- There was information displayed around the service to help people make choices. These included information about activities and the menu. There were regular meetings where people could contribute their ideas. The registered manager told us they were planning to introduce a voting system for people to make decisions about certain aspects of the service. They were also developing the role of "resident champions" who could be involved in staff recruitment and planning for the development of the service.

#### Respecting and promoting people's privacy, dignity and independence

- People using the service and their relatives told us their privacy and dignity were respected. They explained that staff provided care behind closed doors. People were asked whether they had preferences for the gender of the staff who cared for them. The staff knocked on doors before entering and used people's preferred names when speaking to and about them.

- The staff demonstrated a good understanding about providing dignified care. All the staff had completed 'dignity questionnaires' which the registered manager had developed. These were designed to capture their perspective on specific dignity issues and scenarios. The registered manager was in the process of collating the information and developing reflective practice sessions for staff meetings.

- People were supported to be independent where they were able. Care plans outlined the tasks people could do for themselves and what they wanted to do. We saw the staff encouraging people to do things independently, giving them the support they needed and time for this.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### End of life care and support

- The staff gave exceptional care for people at the end of their lives. The registered manager explained that the home was one for life and they would always do their utmost to make sure people stayed there to die. Families and friends were able to stay with people during their last few days or hours, if this was their wish.
- The deputy manager described a situation where they had visited a person in hospital for an assessment. The person had told them they did not want to die in hospital. The provider had arranged for them to move to the home that afternoon, where they spent time in the garden with their family. They passed away later that evening with their spouse by their side.
- One of the reviews on an independent care home review website stated that the person had been at the home for, "A few hours but it was as though the staff had known [them] all [their] life and that they were welcoming [them] home. I will never forget their kindness, not only to [person] but to me and my family."
- The staff always attended people's funerals and provided ongoing support for their families and friends, if this is what they needed. We met a family member who was visiting to collect a person's belongings after their death. The person spoke about the staff kindness, praised and thanked them for their compassion. Feedback received by the provider from relatives included, "The care and support I received after [person's] death was exemplary and continues still" and "All the staff kept us informed and we had meetings with them, they have been just brilliant; they gave [person] such loving care, they had so much [patience]."
- The staff had individual meetings with families to discuss different options they needed to consider if people should become unwell in the future. They had provided information to enable people and their families to make informed choices and recorded their wishes. The staff worked closely with palliative care teams and other professionals to make sure people were cared for with dignity and kept pain free.
- The service was extremely responsive in making sure people's palliative care needs were met. For example, one person was admitted to the service requiring medicines to be administered via a syringe driver (a small battery powered device used to administer a combination of medicines to very ill people). All nurses received training so they could administer these medicines rather than requesting specialist nurse visits for this. One member of staff told us they had felt nervous at first but were well supported and were glad they could provide this essential part of the care for this person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The service was particularly good at ensuring people had opportunities to develop relationships and take part in activities which met their individual needs and interests. Visitors told us they were welcomed at any time and there was an emphasis of the importance of visitors on people's wellbeing.
- Students from both secondary and primary schools visited regularly to take part in activities. The registered manager told us that the older students had helped teach people to use the internet, gaming machines and electronic tablets. They said that during Wimbledon tennis, students had used the gaming devices to play 'computer tennis' with people which they had enjoyed and found fun. On the day of our visit the students were playing garden games and talking with people in small groups. The younger children were involved in baking and singing. One relative told us, "[Person] loves it when the children come in."
- People using the service were able to socialise with peers from other care homes who visited them, and who they went to visit for tea. They also had regular trips to a local dementia café. People's relatives were able to join people for meals and stay as long as they wanted. The registered manager explained that one visitor continued to stay for lunch each week after their relative had sadly passed away. Some people were part of a reading club with the staff and a local librarian.
- The staff ensured that people who were unable to leave their rooms had opportunities to socialise and meet others. We saw videos of a special visit by school children to one person who was unable to get out of bed. The person used to work with children and the video showed how they had valued this important contact and time spent with them. One visitor explained that the staff sat and knitted with their relative in their bedroom as the person could not get out of bed. The lifestyle coordinator told us they made sure staff paid social visits to people in their rooms each day as well as providing personal care and checks on their wellbeing.
- There was a planned programme of activities which included regular trips, entertainers, visiting animals, arts and crafts and music therapy. There were fortnightly drumming sessions. We saw videos showing people were involved and engaged with this. The staff recognised the value and importance of music and made sure activities were based around this. There was clear impact on the positive wellbeing of people which was summarised in the comment from one visitor who described a variety of activities and said, "All of which makes the day more interesting and not only stimulating [person's] mind and encouraging conversation but interacting with others as well."
- The lifestyle coordinator had introduced a 'wish tree' which people could use to request a special wish. People had made use of this and had their wishes had been granted, allowing them to have personalised experiences outside of the normal events. Some of these included individual trips to the theatre, concerts, a local farm, a favourite restaurant and shopping. The provider celebrated people's successes and experienced with photographs and videos, which they shared with people's permission, so others could feel inspired. Some people's wishes were to be more involved in household tasks, such as making their own beds, and they were supported to do this, giving them a sense of worth and importance.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised and met their needs. People's care needs were recorded in clear plans which were regularly reviewed and updated. People's relatives confirmed that their health and conditions had improved since moving to Franklin House. One relative told us, "The staff have really 'bought [them] out of [themselves]' – [they] are so much happier than before, and always up and dressed, doing



what [they] want."

- The staff recognised the importance of giving people opportunities to live fulfilling lives. They had identified one person's wish to have a useful role. They had given the person a uniform, name badge and a specific job within the home, meeting and greeting visitors and delivering newspapers to other people. The person had told the provider, "It means everything to me, I am doing something and not just sitting around. It is good for my brain, this is a new experience for me and it makes me feel important and useful."
- Other people were given opportunities to pursue individual interests. People who wanted to participate in gardening were given individual planters which they could personalise. One person had commented, "It is important to have my own garden, it gets me out in the fresh air."
- Staff had created 'life story' books for each person. These were attractively presented and included photographs and important information from their past and the things they had done and achieved since moving to the home. The books were continuously added to. The staff used these to help get to know about people's personalities and the things they liked to do, and that were important to them. This meant they were able to focus on individual people and not just their care needs.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in specific care plans. The plans focussed on how to promote people's ability to communicate, for example, reminding staff to orientate people, use all of their senses, to be calm, friendly and clear as well as repeating information in different ways where people did not understand them. We saw the staff following this practice, meaning that people did not get frustrated or confused and were able to make choices and express themselves.
- Some staff were dementia champions, who had undertaken specialist training in order to better understand all aspects of dementia care, including communication. They worked with other staff to develop staff knowledge and skills. We saw staff supporting people in ways which enhanced their communication and offered reassurance.
- The provider had a number of writing pads and electronic tablets which they had introduced for people who found speech or hearing difficult. They also used signs, picture cards and hand gestures to enhance verbal communication with people who needed this. We saw the staff showing people plated food and allowing them to smell this in order to make decisions about what they wanted to eat.

#### Improving care quality in response to complaints or concerns

- The provider had systems for recording and responding to complaints. The complaints procedure was displayed in communal areas and copies shared with people using the service, staff and other stakeholders. The registered manager kept a record of all complaints. We saw these had been responded to and the provider had learnt from these making improvements where needed.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People using the service, their visitors and staff told us the service was person centred, inclusive and had a positive impact on their lives. Some comments from people and their relatives included, "I wouldn't change anything, it's great" and "The level of care, I would give it a five-star rating, I have discussed this with [person] and [they] are delighted." Comments from the staff included, "The atmosphere here is good", "We have a great team and work together, the residents are lovely, and it is good to know you make a difference in people's lives" and "The best thing is when I am helping make them happy, they make me smile."

- The provider had received a large number of compliments directly and via independent review websites. The registered manager told us, "I am proud of the whole of Franklin House, in the way we present and deliver our service from the cleaners, the kitchen staff, the care staff, seniors and the nurses for their teamwork, dedication and pride to their work and they believe that Franklin house is one big family home and that we are the visitors in the residents home."

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 provider had procedures for dealing with complaints, accidents, incidents and duty of candour. We saw that they investigated these thoroughly and learnt from these, through discussions with staff and other stakeholders. There was evidence they apologised when things went wrong and explained the steps they had taken to prevent reoccurrence.

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

- The registered manager was an experienced care home manager who had worked at the service for a number of years and had a management in care qualification. They were well supported by a team of senior staff at the home, and close contact with other managers within the organisation. They had a good understanding of their role and ways to improve the service. They responded to concerns identified through audits or other feedback and recorded the action they had taken to put things right.

- The staff spoke positively about the registered manager. Their comments included, "[Registered manager] is very supportive, you cannot fault him. He is very supportive" and "I can approach him for anything and discuss things. If I'm concerned, he will give advice." One member of staff described something the

registered manager had done to help out the staff in a difficult situation. They said, "I haven't seen another manager from any other place I have worked do that."

- The management team met every day to discuss the service and share information about any changes or incidents. The deputy manager worked on the units alongside other staff, so they were aware of people's needs. There were also designated staff champions for dementia, health and safety, falls and dignity. These staff undertook specialist training and provided peer support and learning for their colleagues, so they could develop good practice.

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

- People using the service, staff and other stakeholders had different opportunities to share their views and be informed about the service. The provider created a newsletter where they shared information about the service, including special events, activities and plans. The newsletter was presented in an attractive and easy to understand format with lots of photographs. There were also regular meetings with the registered manager, chef and lifestyle coordinator so people could contribute their views.

- The provider asked stakeholders to complete annual surveys about their experiences. The results of these were collated and the registered manager developed an action plan to address areas of concern people had raised. The results from the most recent surveys showed people were generally satisfied and that staff felt better supported than they had previously.

- The registered manager regularly walked around the service speaking to people who lived there, visitors and staff asking for their feedback and making observations about the quality of the service and people's experience.

- The provider held monthly awards for the staff from nominations made by people who used the service, visitors or other staff. This ensured that people's experience of care was recognised and the staff providing care which had a positive impact for individuals were rewarded.

Continuous learning and improving care

- The provider had systems for monitoring and improving the service, including audits by the staff, management team and the provider's quality assurance department. The organisations hotel services manager also regularly visited the service to assess the catering and domestic services and provide feedback. Where concerns were identified we saw evidence that improvements had been made and sustained.

- The registered manager was aware of changes in legislation and guidance and implemented these within the home. For example, Care UK was developing a plan to address areas identified in CQC's guidance about oral healthcare in care homes. They had shared this with the staff and asked for their contributions to improve the practice at the service.

Working in partnership with others

- The provider worked closely with the local authority and other local care home providers. They attended forums and shared ideas and experiences. The registered manager told us they had a weekly telephone call with other Care UK managers for group support and learning from adverse events.

- The provider was involved in a number of research projects to develop best practice. For example, working

with a UK university to develop dementia care, taking part in diabetic, pressure care, food and hydration projects with the local authority and Clinical Commissioning Group. They also had links with local community groups, such as local churches and schools.