

# Residential Care Services Limited

# Franklyn Lodge The Bungalow

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Franklyn Lodge – The Bungalow is a care home providing residential care to 4 people with learning disabilities.

### 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 the Care Quality Commission (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 and family members told us the service was safe. Staff understood their responsibilities about safeguarding and keeping people safe from harm as much as possible. Medicines were managed safely. Risks of harm to people were assessed and reduced as much as possible. Staff were recruited safely. Systems were in place to prevent the spread of infection. 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.

### Right Care:

People received kind and compassionate care. Staff respected people's privacy and dignity. They understood people's individual needs and responded to these. People were supported by a staff team who knew them well and were aware of their communication needs. Care plans reflected people's needs, likes and preferences. It was not always evident that people were supported to engage in activities that enabled them to develop their skills.

### Right Culture:

The service had made improvements to their quality assurance system since the previous inspection. There was a positive culture, where people felt safe. They had good relationships with staff and each other. We found gaps in staff training so it was not always evident what training staff had completed. Staff turnover was low, which supported people to receive consistent care from staff.

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 requires improvement (published 28 October 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

#### Enforcement and recommendations

We have made 2 recommendations in relation to training and activities.

#### 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Franklyn Lodge The Bungalow

## **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 team consisted of 1 inspector.

#### Service and service type

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 – The Bungalow 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 CQC 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

## During the inspection

We met 1 person who lived in the home. They were unable to speak with us due to their needs. We therefore observed interactions between them and staff. Following the site visit, we spoke with 1 other person who lived in the home. We spoke with 3 family members. We also spoke with 2 care workers, the deputy manager and the registered manager. We looked at a range of management records including medicines, quality audits and health and safety checks. We reviewed 4 people's care records and 3 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager and HR manager sent us documentation we asked for and clarified any queries we had. We also obtained feedback from 1 care professional.

# 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. Systems and processes to safeguard people from the risk of abuse. Since the previous inspection, the provider had made improvements to medicines management and risk assessments.

### Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. There were no gaps in the Medication Administration Records (MARs) we reviewed which provided assurance medicines were being given as prescribed.
- Medicines were stored safely and correctly.
- People had a medicine support plan in place which detailed how staff were to support them with this.
- The service ensured situations where people expressed distress or agitation were not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed in line with these principles.
- The registered manager advised that staff competency was assessed to ensure they handled medicines safely. We looked at a sample of competency checks records and found that it was not clear how the registered manager assessed staff's medicines competency. The detail recorded was limited. We raised this with the registered manager who advised that they would review this and include further detail so that it was evident how staff had been assessed as having competency.

### Assessing risk, safety monitoring and management

- Risk assessments were in place. These were person specific and included details of potential risks and a management plan which provided information about how to support people to minimise risks. These were tailored to reflect people's individual needs. Staff we spoke with were aware of how to keep people safe from these risks.
- Feedback we obtained indicated that people were safe in the home. When asked if they felt safe, a person said, "The staff are all very kind to me. I feel safe in the home." A relative told us, "I am happy with the care [my family member] receives. [Family member] is safe in the home."
- Staff were kept up to date with changes in risks to people through daily handovers and communication within the team.
- The home had systems in place to deal with a foreseeable emergency. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of how the person should be supported in the event of an evacuation.
- Regular fire drills and checks were carried and documented appropriately. A fire risk assessment had been carried out in June 2023 and appropriate action had been taken to address any issues identified. Fire drills, emergency lighting and regular fire alarm tests had been carried out and were recorded appropriately.

- Health and safety checks and maintenance of the building and equipment were undertaken by the registered manager. A health and safety risk assessment of the premises had been completed by an external company to ensure the home was maintained and any risks to people's health and safety were identified and addressed. Areas identified as requiring action were actioned promptly.
- Relevant checks on gas and electrical installations were documented and up to date. Window restrictors were in place throughout the home. Management carried out premises audits to ensure the home was maintained and any risks to people's health and safety were identified and addressed.
- Water temperature was controlled in the home to ensure it did not exceed the recommended safe water temperatures. Hot water temperatures were checked and electronically documented.

#### Staffing and recruitment

- The provider carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Checks were made on their suitability through Disclosure and Barring Service (DBS) checks and renewed every 3 years. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We reviewed the staffing rota for August to November 2023. There were sufficient permanent staff working at the service to cover planned and unplanned staff absences.
- People were supported by a staff team which included regular consistent staff which helped ensure people received continuity of care. Each person had their regular key worker who they were familiar with and this helped them develop a meaningful relationship with.

#### 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 using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider's approach to visiting was in line with government guidance. There were no restrictions to visitors at the time of inspection.

#### Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents.
- We looked at a sample of incident/accident records. These included information about the nature of the incident/accident and action taken following this. However, these did not include details of lessons to be learnt to mitigate the incident/accident from occurring again. We raised this with the registered manager who confirmed that in the future this information would be recorded.
- The registered manager was aware of their responsibility to notify the CQC appropriately of incidents that had occurred.



# 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 good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed some training to help support people safely and effectively. Areas included moving and handling, first aid, infection control and medication. We looked at the training matrix and according to this, the majority of staff had completed training. However, we identified that there were some gaps where it was not evident whether staff had completed relevant training. We also noted that the staff training certificates we viewed did not always correctly correspond with the dates on the training matrix. Therefore, it was not clear how management monitored staff training to ensure they remained up to date. We raised this with the registered manager who advised that they would review this and ensure all outstanding refresher training was completed.

We recommend the provider seeks and follows best practice guidance on training and monitoring staff.

- Staff we spoke with told us they received training and found this useful in their role.
- Staff told us that they met with the registered manager for one-to-one supervision, which provided opportunities to discuss their performance and professional development. Supervisions occurred quarterly.

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

- People's needs and choices were assessed. The registered manager completed pre-admission assessments for people before they joined the service to ensure their needs could be met. People's care plans outlined their individual health and social needs, as well as their preferences.
- People had care and support plans that were personalised and reflected their needs and aspirations, and included physical and mental health needs. These were reviewed to ensure that they accurately reflected people's needs.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's care plans outlined their likes, dislikes and preferences in relation to food and fluids. Staff we spoke with understood the importance of ensuring people were hydrated and understood people's food and fluid preferences well.
- There was a varied menu which included various options as requested by people.
- The kitchen was clean. Food prepared in the home was mostly freshly prepared from scratch by care staff.
- The home had an area in the garden which was used to grow vegetables. People and staff worked collectively to maintain this. During the site visit we saw that there were cucumbers and fennel growing. Vegetables from the garden were used as part of meals.

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

- People's healthcare needs were met. Records included details of healthcare professionals involved in people's care.
- People's oral care needs were documented in people's care plans and included a routine and strategy to help support them with this. People had access to a dental service for routine and emergency appointments as needed.

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

- The service was adapted and designed to meet people's needs. People's bedrooms were person-centred, and decorated in line with what people wanted.
- People's care was provided in a safe, clean and maintained environment which met people's sensory and physical needs.

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.

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.

- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care.
- DoLS authorisations had been identified and applied for by the provider. We noted that some DoLS authorisations had expired and queried this with the registered manager. They explained that they had chased these with the relevant body and would continue to do so until completed. Management had a record of this which helped them to have oversight of this.
- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care and their communication needs.
- Staff we spoke with were aware of people's capacity to make decisions through verbal or non-verbal means, and this was documented.

# 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 our last inspection, we rated this key question good. At this inspection, the rating for this key question has remained good. 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 had good relationships with staff. Staff were caring, patient and attentive. There was a relaxed and comfortable atmosphere in the home. On the day of our site visit, we observed positive interactions between a person and care staff. The person was at ease with this member of staff.
- Feedback we obtained was positive about the caring nature of staff. A person told us, "They are the kindest people I have ever had." A family member said, "The care staff are very good. The staff are top. They are very good. They know [my family member] very well." Another family member told us, "I feel confident that my son is receiving good care and he is fine."
- People's cultural and religious needs were recorded in care plans and staff knew these. Staff supported people to attend places of worship when they wanted.

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

- Care records included guidance for staff to follow when supporting people. They included details of how people expressed their choices and staff facilitated this daily through their interactions.
- Staff supported and encouraged people to express their views. The majority of people in the home were unable to communicate verbally and staff used people's individual preferred communication styles to develop a rapport with them and to help make decisions.
- Staff monitored people and recorded their progress on daily notes which were held electronically. This included areas such as nutrition, hydration, activities, health concerns and appointments. This helped staff to respond to people's changing needs promptly.
- Staff supported people to stay in contact with those who were important to them. Family members with the legal authority had been involved in decisions made about their family member's care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity, and independence. Staff had built a relationship with people based on trust. On the day of the inspection, we observed that a person we met appeared at ease and happy in the company of staff.
- People's freedoms were respected and they had opportunities for privacy by choosing to spend time in their room alone.
- People's support plans had personal information written about them in a respectful way. Staff understood their responsibilities in relation to handling people's confidential information. Care records were stored securely in locked cabinets in the office and, electronically.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- On the day of the inspection, the majority of people were out for the day at day centres. There was 1 person in the home when we arrived. We observed that this person was supported by care staff to go out for the afternoon to the shops and park.
- Each person had their own activities timetable. We looked at these but were not assured that activities available reflected people's individual interests. For example, a person's activities timetable stated 'PCP activities, spend time in garden especially during summertime. Watching game shows of choice on television in his room.' Another person's activities timetable stated 'At [name] Care Day Centre. Tea. Dinner. Game shows and soaps in the lounge with other service users.' The activities available did not always enable people to develop and maintain social relationships with people and within the community. There was a lack of evidence that people were supported by staff to try new activities and develop their individual skills.

We recommend the service identify the possibility of introducing meaningful activities for people to be positively engaged with and be supported and encouraged to develop and maintain social relationships within the community.

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

- People received personalised care which met their needs and reflected their preferences. There were care plans which described people's needs.
- Since the previous inspection, the provider had introduced an electronic care planning system. This enabled staff to record people's care and support in real time and make appropriate changes immediately so that records were consistently kept up to date and reflected people's current needs.
- People's care plans detailed information and guidance to help support staff to recognise and respond appropriately to their social and emotional needs.
- Staff used person-centred care documents in easy read format to ensure people were involved to review their care and plan how to reach their goals and aspirations.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff knew how people communicated and were observed responding to people's facial expressions and body language.
- Care records contained information on how to best communicate with people to promote their wellbeing.
- Some information was available in 'easy read' to help people to understand procedures, such as the fire procedure, keeping safe and to help them understand where things were kept in the house.

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

- There was a complaints policy and a system in place to record complaints and concerns. The service had an easy read version of how to make a complaint so it would be easier for people with a learning disability or who were autistic to understand.
- The registered manager advised that the service had not received any formal complaints since the last inspection.
- Family members we spoke with told us they were confident if they had a concern or complaint about the service, it would be addressed.
- Staff told us they knew how, and to who, to raise any concerns they had and wouldn't hesitate to do so.

#### End of life care and support

- At the time of this inspection, nobody was receiving end of life care. The provider had an end of life care policy so staff would know how to support people sensitively at the end of their life.
- The registered manager told us end of life support plans would be completed when required, with the involvement of relevant individuals and palliative health care professionals.

# 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.

At our last inspection we found quality assurance systems were not robust enough to effectively identify deficiencies and make improvements. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

### Continuous learning and improving care

- The previous inspection found that the provider's quality assurance system was not sufficiently effective and we found a breach of regulation in respect of this. During this inspection, we found that the provider had made improvements to their quality assurance system. They had introduced various audits which were completed at regular intervals.
- The registered manager carried out a variety of audits to check on the running of the home. The audit system showed if the standard was met or needed improvement. Areas audited included health and safety, maintenance, cleanliness, people's finances and medicines management.

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

- There was a positive culture. People had good relationships with staff. There were respectful and kind interactions. Staff were committed to ensuring people received person-centred care that was tailored to their needs.
- Family members told us they felt people received good quality care and that the registered manager was approachable. A family member told us, "I feel I could raise concerns with the [registered manager]. I do think they would action things." Another family member said, "[Staff] are able to meet people's needs. I do feel able to raise my concerns with the manager if I needed to. [The registered manager] is generally there when I visit so I can raise issues. I would not hesitate to do so."
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff felt able to raise concerns with the registered manager and spoke positively about working at the home. A member of staff told us, "The support we get is fine. We have a good team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 home had a management structure in place with the registered manager, deputy manager and care

staff. Staff were well informed of their roles and reporting arrangements.

- The registered manager had the skills, knowledge and experience to perform their role. They had an understanding of people's needs and maintained oversight of the quality of the service. The registered manager was aware of their responsibility to notify the local authority and CQC appropriately of safeguarding concerns.
- Staff had access to up-to-date policies and procedures, which included the business continuity plan in case of any emergency. Staff were kept up to date about people's needs through daily handovers to ensure any changes to people's support was shared.

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

- Systems were in place to support staff. Staff spoke positively about working at the home and said they had a good working relationship with their colleagues. Regular staff meetings were used as an opportunity to share information and updates as well as feedback as to what was working well, and where improvements could be made.
- We asked the registered manager how they obtained feedback from people and their family members. They explained that they had regular interaction with people and family members and also sent out questionnaires but had a limited number of responses to these.
- Managers at the provider's various locations attended monthly management meetings. These meetings enabled managers to discuss relevant issues and share information. The aim of these meetings was to encourage managers to learn from one another and drive improvement.
- Notifications to the CQC had been submitted when necessary.

Working in partnership with others

- The registered manager worked in partnership with professionals such as the GP and local specialist support services to provide people with timely access to appropriate care to meet their health and wellbeing needs.