Care Quality Commission

Franklin Homes Limited

Fairways

Inspection report

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Date of inspection visit: 2 October 2014
Date of publication: 07/01/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 2 October 2014 and was unannounced.

The last inspection of this service was on 11 July 2013 when the service was meeting all of the relevant requirements.

Fairways provide care and support for twelve people with a learning disability, some of whom have complex needs. It is situated on the outskirts of Bridlington and consists of a large house with accommodation provided on two floors. There are two lounge areas on the ground floor, one of which also serves as a dining room. People living in the home have access to a large garden area.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found there was not enough staff to support people. Staff were working extra hours to cover staffing shortfalls.

There was a quality assurance system in the home which recorded checks undertaken to help keep people safe. However, improvements were required in monitoring staffing numbers, paperwork and activities. Systems used

Summary of findings

by the management of the home had not ensured this was in place. Staff also told us how these were not effective as the environment had not been identified as requiring improvement. Meetings to consult people who lived in the home and staff took place. However, although staff felt there was a good culture in the home they did not feel consulted.

These are breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and you can see what action we told the provider to take at the back of the full version of this report.

Staff had been trained in supporting people with any allegations of harm. Risk assessments were in place. These identified risks to people and actions staff would take to help minimise those risks whilst helping people live their lives.

Systems were in place for the safe storage and handling of peoples medicines although some minor improvements were required in relation to the recording of when people had used medicines which were only occasional.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005 legislation which is in place for people who are unable to make decisions for them. The legislation is designed to make sure any decisions are made in the person's best interest. The registered manager told us that no-one in the home had been supported using a DoLS. However, we found there were some restrictions (locked doors) in the home.

We found that staff had received training to be able to help support people live their lives. However, not all staff had completed all the training. The registered manager told us this was due to being short staffed.

People's files included information which recorded their health needs and some of the support they received with them. In addition if people required support to maintain an adequate diet this had been recorded.

Some areas of the home were in need of refurbishment, were damp and were not personalised. This was discussed with the managers during the visit as an area which required addressing.

People living in the home told us staff were "Alright" and "Good". However, we observed staff support was not always person centred and focused on giving instructions to people. Although staff did offer people appropriate support to maintain their privacy.

Staff were aware of people's needs but the documentation to support people, for example, people's care plans, required improving. These documents were comprehensive and offered information about the individual but were not organised or easy to use.

People were able to undertake activities and go out in their local community. However, staff shortages had prevented some of these activities from taking place.

Summary of findings

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 not always safe.

There was a lack of staff and those staff who were available were working long hours to cover shifts.

Risks were identified and systems were in place to help protect people from harm.

Medicines were stored correctly and minor improvements were required to record keeping.

Requires Improvement

Is the service effective?
The service was not always effective.

People were supported to make decisions but there were some restrictions in the home. It was not clear if people were deprived of their liberty.

People's health and dietary needs were supported. Some areas of the home required refurbishment.

Requires Improvement

Is the service caring?
The service was not always caring.

This was because care was not always person centred and staff instructed people in what to do. However staff did support people to maintain their privacy.

Requires Improvement

Is the service responsive?
The service was not always responsive.

People had care plans but these required improvement. Staff knew people's needs but identified social needs and activities did not always take place.

Requires Improvement

Is the service well-led?
The service was not well led.

There were quality assurance systems in place. However, required improvements in the home had not been addressed; additionally staff did not feel consulted.

Staff recruitment had not ensured adequate staff to cover shifts; staff already employed were covering vacancies.

Requires Improvement

Fairways

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 2 October 2014 and was unannounced.

The inspection team comprised of two inspectors. The second inspector concentrated on speaking with people who used services and staff.

Prior to the inspection we reviewed information we held about the service which included notifications from the service. The service had not been requested to complete a provider information return (PIR). This document recorded information about the service. We consulted with local commissioning and safeguarding teams.

During the visit we spent time sitting and talking with people who lived in the home and also spoke with three people individually. We observed daily practice. However, not everyone in the home was comfortable with us spending time in the communal areas and we limited our time to respect their wishes.

As part of the inspection we also consulted with other professionals, reviewed files for people who lived in the home, reviewed staff files and looked at other records held. In total we reviewed three files for people who lived in the home and three staff files.

We also spoke with four staff, the registered manager and area manager during our visit. The area manager provided us with some policies.

Requires Improvement

Is the service safe?

Our findings

We observed staff were busy in the home and the registered manager told us the home was currently short staffed. However, the registered manager also said that staff would "Go the extra mile" to help make sure shifts were covered. She told us that recruitment was ongoing in the home and interviews had been organised for potential candidates.

When we spoke with staff they told us they were undertaking long shifts, for example from 8am one day until 4 pm the following day. Duty rotas also confirmed these shift patterns. We saw that on occasions staffing levels reduced to two staff between the hours of 2 and 3 pm. We raised this with the registered manager at the time of the visit.

One professional told us they had no concerns with the staffing levels in the home.

All staff spoken with felt there was insufficient staff to meet peoples' needs. They said, "There are no cleaners employed, we have to do cleaning chores as well as support people. We do cleaning whenever we get the chance. Bathrooms and toilets are done straight after assisting people to get up in the morning, but there hasn't been a deep clean of anywhere for ages", "There are three staff vacancies, the service is recruiting new staff and are interviewing someone today" and "Sometimes people don't have their needs met because of staffing arrangement such as two sleeping night staff."

It was clear that there were concerns with the current staffing levels in order to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

There were policies in place to provide staff with information on the different types of abuse. This included how to recognise signs of possible abuse and to report any allegation of harm. Staff told us they had completed training on protecting vulnerable adults. This helped them have the skills necessary to support someone should an allegation of harm be raised. The registered manager discussed with us a safeguarding issue which had occurred in the home in the last year. She was able to explain fully the process which was followed and the outcome for the person involved. This told us the staff team understood systems in place to help them support people and to protect people from harm. One person who lived in the home told us how they would raise any issues if they felt unsafe in the home.

One professional confirmed to us they felt people were safe in the home and had no concerns.

People's files included an individual risk assessment. This covered a variety of areas and included, for example, helping people with their mental health needs, going out in a car or in the local community and with their physical needs. The information also recorded the actions staff were to take to support the person to help minimise any risks in their life. Specific management support plans were in place in relation to supporting people with their behaviour. One support plan we saw recorded the 'trigger' which may upset a person and how staff were to support the person with this. Staff told us how they had completed conflict management training and now handled situations differently. Staff told us they never used restraint and always protected people by moving them away from an incident.

In addition to this there were risk assessments in place to reduce risks from equipment used by people. This included for example, electrical equipment in the home. However, not all of the staff had signed to confirm they had read and were aware of these risk assessments. This had the potential for staff not to be aware of safe practices in the home, although we observed staff support people to have hot drinks and this included that staff ensured they sat with them to help maintain their safety.

We were provided with a policy in respect of the safe handling of medicines in the home. This provided guidance to staff. Records were kept of when medicines were received into the home. We found that medicines were stored in a secure locked area and records of a stock balance was maintained. This helped to make sure medicines could be easily located and an audit trail of their use was available.

People had individual medication administration records (MAR) which held their personal prescriptions. Staff signed these documents to record when a person had received their medication. However, we found that medication prescribed to be used "as necessary" or PRN were not always signed for. The registered manager informed us

Requires Improvement

Is the service safe?

there were separate records kept with each individual for the administration of these medicines. However, this was not clearly recorded on their individual MAR chart. With two sets of records there was the potential for duplication or omission of medications. **We recommend that** the service explores the relevant guidance on the recording of the administration of medication.

Information about creams and topical medication was not always held with people's charts. However, the manager informed us this was held separately in the home.

Systems were in place for medication which was no longer required. This included the safe return of medication to the pharmacist.

The registered manager told us that staff records were held mainly at the organisation's head office. This meant only limited records were available in the home. We looked at people's files and found there was a form in place which recorded what information had been obtained about each staff member. This helped the registered manager to be aware of the recruitment process which had been followed. The process included that references and Disclosure and Barring Service (DBS) checks had been received for each individual. These checks helped to ensure that the person had the correct experience for the role they were undertaking. They also showed whether a person held a criminal conviction which may have prevented them from working with vulnerable adults.

Staff told us about the recruitment process they had followed. This included completing an application form and providing references and DBS checks. This meant that staff were recruited through a process which helped to ensure they were suitable for the role and to work with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. The registered manager told us that no-one who lived in the home was subject to an assessment under the MCA, although they told us how one person had been supported to have a best interest meeting in the last year. When we looked at this persons' file they had been assessed as requiring a best interest meeting for a medical decision, so the MCA had been used. When we talked to staff they told us they had completed MCA training and they reflected an understanding of the MCA and best interest meetings.

The MCA also includes the deprivation of liberty safeguards (DOLs) to help protect people and prevent them from being deprived of their liberty. We noted that some of the internal doors were locked. It was unclear if assessments had been completed to record this and whether it was in people's best interest as this restricted people's access.

Staff files included information in relation to their induction, training and supervision. We looked at three files and these all included information about the staff induction when they first commenced working in the home. One of these files was not fully signed and dated so there was no clear information of when this member of staff had finally completed it.

We also saw individual computerised records used by the organisation in recording and planning staff training. The courses staff attended included; food hygiene, communication and autism awareness. Not all staff had completed some of the courses available and this included infection control and health and safety law. The registered manager was aware of the need for staff to update their training, although the registered manager told us staff shortages had made attendance at training more difficult.

The registered manager also told us that one of the things which made the home outstanding was that the company were providing person centred planning workshops for staff.

People had information in their files to help support them with their health. This included a document called "My keeping healthy plan" which included health information, for example if a person had a new medication prescribed. This helped staff to be aware of the persons' health needs.

People's files also included details of the appointments with health professionals. These included the dentist, GP and psychologist. Records were kept of why they had received a visit, the purpose and outcome. This helped staff to be up to date with the latest needs of the person. People's files also included a patient passport document. This document summarised the person's needs and was used to provide information to health professionals, for example if the person was admitted into hospital in an emergency.

Separate records were kept to support people with their mental health and this included a plan for if the person's mental health relapsed. The information included assessments of the person and monitoring of the person's needs. This helped staff to understand and be aware of the needs of the person and could identify any changes where additional support may be required.

One professional confirmed to us that staff followed their instructions to help make sure people's needs were met.

People's files also recorded their nutritional needs. For example, their food preferences, any allergies and whether they required specific support to eat their food. Records of individual weights were kept to help monitor if people were receiving an adequate diet. People also had support plans which described the support they needed with eating their meals and also included the support required if it was identified they may be at risk of choking. This meant people's dietary needs were known and support was in place to make sure these needs were met.

When we looked around the home we saw the kitchen was well stocked with a variety of foods for people. However, the lounge adjacent to the kitchen was used as a staff sleep in room each night. This had the potential to make access to food and drink difficult during the night. One person told us "The food's lovely, I love it. We get porridge in winter and salads in summer. We don't say what goes on the menu, staff make the menu. I don't have any special diet needs, but I take a pack up with me when I go out. And I can choose the pack up myself."

Requires Improvement

Is the service effective?

We had not planned to review the environment at this visit. However, we noted that the lounges of the home were sparse with some areas nearing the time for refurbishment. One of the lounges was not homely and required cleaning. Some areas of the home, for example bedrooms were damp. We saw that bedrooms had been personalised. We also noted that the flooring in the laundry area required attention. This was because the floor was not impermeable to liquids. This had the potential for infection control procedures to be compromised Additionally food products were stored in a boiler area and it was unclear if this met with food hygiene legislation. One professional also told us they felt the environment could be improved upon. This included that gardens areas could be developed to offer more opportunities.

Requires Improvement

Is the service caring?

Our findings

One person who lived in the home told us, “Most of the staff are alright. X (member of staff) treats me alright and ‘other staff’ are okay as well. I sometimes don’t get on with Y (member of staff), she takes the key out of the kitchen door so no one can go in and get burnt.”

One professional told us they felt the staff were caring.

We observed one person choosing an activity of their choice. This person told us the staff were "Good, I get on well with them and I am settled at Fairways”. She also said, “I’m very independent and don’t need support with much at all. I don’t need to give anyone permission to help me because I make my own decisions and look after myself.”

Staff told us they felt peoples’ rights were better upheld than in the past because people were given more choice, their likes and preferences were taken more notice of and they could take whatever opportunities they wanted to. For example, one person’s trust of staff was an indication of how they had improved peoples’ support and promoted their individuality.

We observed that staff told people what to do rather than encourage them; people responded by doing as they were told. One example we saw was that when a person walked around with their drink staff told them to sit down, when they didn’t do this staff moved to remove the drink; the person quickly sat down to ensure they kept their drink.

The support given did not appear person centred as whilst people were being supervised staff initiated little interaction with them, but staff did respond to peoples’ verbal and physical requests for interaction. Staff said they often felt tired because of long hours and numerous shifts in succession.

Staff told us they felt the service was “Homely” and care was “Person centred”. Staff told us about the needs of people and how they would recognise changes in people if they were not happy. We observed staff help people with activities. However, staff were busy and told us they did not have time to undertake social activities with people.

We observed that staff did not sit with people who lived in the home to eat their lunch, but ate later.

Staff told us they helped people with decisions by offering them options to choose from, by telling them what might happen if they chose a particular action and by using best interest meetings. They said that one person, was very easily persuaded to do things to please others. However, this often meant they did what others expected and not what they wanted to do. Staff were aware that this made the person unhappy and changed their behaviour. Staff knew when to chat with the person to find out what had occurred and to support them. Staff felt that as the person was easily persuaded and was therefore vulnerable with such as money and possessions.

The service had developed a system to record body checks of people on a monthly basis. These were recorded on specific forms in individual files. The registered manager told us some people required these as they could sustain injuries which required monitoring. However, it was unclear why this check and record was necessary for everyone living in the home. This did not promote peoples dignity.

Staff said people were able to go to their rooms for privacy. For example, one person had their music playing in their room, it was unlocked and they could access it anytime.

We observed an incident when staff intervened to ensure someone’s privacy and dignity were maintained. Staff acted quickly and gave the person appropriate support.

Requires Improvement

Is the service responsive?

Our findings

One person who lived in the home told us, "I know about my care plan, my mum has a copy and we look at it in my reviews. I make changes to it if I need to."

One professional told us they felt the home was responsive to people's needs. They felt staff contacted them appropriately for professional support .

When we talked with staff they were aware of the needs of people who lived in the home. They knew if a person had a diagnosed condition and the support the person required each day. They also told us that monthly reviews of people's needs were completed. These helped to make sure staff remained aware of the latest needs of each person.

We saw that people received the support they required as they required it. People sat in the lounge or the sitting area in the dining room and did not engage in much activity or they walked about the dining end of the dining room and interacted with each other. Only two people did the latter and these two seemed to take up all of the staff time. Two other people received little stimulus or support from the staff. We saw one person try to engage in the group a couple of times but they were not really encouraged and so became quiet again.

People's files included information to help staff to be able to support them with the meeting of their needs. This included a document called "Things you must know about me". The document included their personal details, how the person communicated, who helped them with decision making, a summary of their health information and professionals involved in their lives. This helped to make sure staff readily knew the everyday needs of the person and could respond to any changes in their needs.

People's files also included specific information about the person, any diagnosed conditions and a document called "My life – what I need support with." This recorded how staff would support people with their personal care, accessing the community and with living their daily lives.

The registered manager told us how she was currently updating and changing people's personal files into new formats and was only part way through this work. We noted that although people's files were personal and descriptive they were not organised. Files were in different formats to each other and were not easy to use. This had the potential for staff to miss important information when supporting the person.

The registered manager confirmed to us that for some people the staff shortage had impacted on their social activity. This was for people who required staff support to access the local community. People who did not require staff support to access the local community were able to come and go as they pleased.

One person told us how they had been out for the day and another person told us how they went out in the local community, for example to the library. We observed other people had also been out in their local community. When we looked at people's files we saw their activities were recorded and these included attending adult education and visiting relatives. However we also observed staff were busy and activities did not take place within the home.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place at the time of the visit. When we spoke with staff about the culture of the home they said "Fairways has a homely, family environment. Because there are only ten people living here they can get more attention" and "The place usually runs smoothly. The place is different to how it was some years ago, because people can now make more choices in their lives." Staff told us they felt there was a "nice culture" in the home although they felt that at times they were not asked by the organisation but told what to do.

There was a quality assurance system used within the home which included a plan to ensure compliance. It identified any issues, for example maintenance of the premises and it had plans to address these. We saw regular maintenance checks had been completed for the fire system in the home as had checks been completed for the temperatures of the hot water and medication stock. Quarterly safety checklists were completed and temperatures of hot food were checked and recorded. All these systems helped the registered manager to ensure the service remained safe.

However, we found that systems in the home required improvement. Not all paperwork was up to date and correct, staffing numbers had not been assured which had prevented staff training being up to date and some activities had not taken place for some people who lived in the home. Systems had not identified these shortfalls.

Staff told us they had not been involved in any quality auditing but were aware that sometimes audits were carried out. Staff said for example, the state of the premises (environment) was poor and needed a lot of decorating doing, but this could have been identified if someone had been to look round the place. As part of our visit we also noted that some areas of the environment required attention. This meant that although there was a quality assurance system in place it had not ensured the effective running of the home. The service was not well led. This is a breach of regulation 10 (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We saw that staff meetings had taken place in January and April of 2014. The minutes of these recorded that this provided an opportunity to discuss the needs of some of the people who lived in the home. In September staff had been provided with a briefing to help to keep them up to date "Due to no staff meeting." This included information on staffing and policies. Staff told us they did not feel included in the decisions made about the service or that they were consulted about them. This meant that although staff meetings were in place these were not effective in informing and consulting staff about the home.

Staff told us there were "Resident meetings" each month to inform people of issues in the home and to obtain their preferences about issues. However, we were not provided with any minutes of these meetings.

We did not see any meetings with relatives or friends of people who lived in the home.

We reviewed the complaints file and saw there had only been one recent complaint. There was evidence that the registered manager had taken action to resolve this complaint although the details of the outcome required more information to ensure a clear audit trail was available.

On the issue of complaints staff told us that, "People can tell any member of staff if they have a concern or worry, but people probably have certain staff they go to who they trust" and "There is a complaint procedure available to everyone."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **People who use services did not have all of their needs met. This was due to a lack of staff. Regulation 22.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **People's needs were not fully met as the service was not well led. Systems in the home were not effective in ensuring needs were met. Regulation 10.**