Residential Care Services Limited

Franklyn Lodge The Bungalow

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Franklyn Lodge – The Bungalow provides accommodation and personal care for a maximum of four adults who have learning disabilities. The home is a detached bungalow set back from the main road. It is close to shops and transport links. At the time of our visit, there were three people living in the home. A fourth resident had been admitted to hospital.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service aimed to provide people using the service with planned and co-ordinated person-centred support that were appropriate and inclusive for them.

People's experience of using this service
People were unable to provide us with verbal feedback because they had complex needs. Two of them however, nodded and smiled when we asked them if they were happy in the home. A relative and three care professionals informed us that staff treated people with respect and dignity and people were safe in the home. We observed that staff interacted well with people and were attentive towards them. Staff made effort to ensure that people's individual needs and preferences were responded to.

Most risks to people's health and wellbeing had been assessed and documented. There was guidance for staff on how to minimise risks to people. We noted that there was no risk assessment for a person with a catheter. This was needed to ensure that potential risks could be minimised. The completed risk assessment was sent to us soon after the inspection.

Personal emergency evacuation plans (PEEPs) were in place for two people. The acting manager stated that the remaining two PEEPs would soon be brought over to the home by senior staff. This was unsatisfactory as PEEPs needed to be in the home at all times so that staff are aware of action to take in an emergency. The PEEPs were later e-mailed to us.

Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subjected to abuse.

Staff had received training in the administration of medicines. We however, noted that there had been several gaps in the medicines administration records (MAR) of a person for the month of August 2019. The acting manager explained that this person was in hospital.

There was a record of accidents and incidents. We noted that an incident in which a person had damaged property did not have guidance to prevent re-occurrence. This was provided soon after the inspection.

Staff had been carefully recruited and essential pre-employment checks had been carried out. However, the criminal record disclosures of three staff had not been updated recently. The human resources manager stated that they would be updating them promptly. The home had adequate staffing levels and staff were able to attend to people's needs.

The premises were clean and tidy. There was a record of essential maintenance carried out. Fire safety arrangements were in place.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

The dietary needs and healthcare needs of people had been assessed and attended to. People could access the services of healthcare professionals when needed.

Staff had received training and had knowledge and skills to support people. They had been provided with regular supervision and a yearly appraisal of their performance.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's care needs had been assessed prior to them coming to the home and staff were knowledgeable regarding these needs. The service provided people with person-centred care and support that met their individual needs and choices.

The service had a policy on ensuring equality and valuing diversity. People's diverse needs had been assessed and action taken to meet those needs.

The service was committed to encouraging people to be as independent as possible. Staff supported people to participate in various activities within the home and in the community. Feedback we received from people's representatives indicated that staff had assisted people to settle down and make progress in their social skills.

There was a complaints procedure and relatives knew how to complain. Only one complaint had been recorded. This had been promptly responded to.

Management monitored the quality of the services via regular audits and checks. We however, noted that some aspects of the service were not well managed. A number of deficiencies were noted by us and we have made a requirement in respect of this deficiency.

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

Rating at last inspection:
The last rating for this service was Requires Improvement (published 16 November 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected:
This was a planned inspection based on the previous rating.

We have identified breaches in relation to good governance. Please see the action we have told the provider to take at the end of this report

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? Some aspects of the service were not safe. Details are in our responsive findings below.	**Requires Improvement**
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 responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? Some aspects of the service were not well led. Details are in our well led findings below.	**Requires Improvement**

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 Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type:
Franklyn Lodge – The Bungalow is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have a manager registered with the Care Quality Commission. The home had an acting manager. The registered manager 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.

Before the inspection
We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. 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 used all of this information to plan our inspection.

During the inspection
We tried to speak with people who used the service. They were unable to provide us with verbal feedback because they had complex needs. They however, communicated with us via nods and facial expressions. We also spoke with the acting manager, the minibus driver, three care workers and two visiting healthcare professionals. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of four people using the service, four staff employment records, policies and procedures, maintenance and quality monitoring records.

After the inspection
We spoke with a relative and we also received feedback from three care professionals.

Requires Improvement

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 requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● At our last comprehensive inspection on 31 August 2018 we found that the service did not have comprehensive guidance for medicines that were prescribed to be taken by people 'when required' (PRN). In addition, the service did not have medicine profiles containing information on medicines prescribed for people.
This meant that staff may not have enough information about what medicines were prescribed for and how to safely administer them. At this inspection, we noted that the required information had been provided.

● Medicines were stored securely at the home. Staff checked and recorded the temperatures of the room where medicines were stored. This ensured that the temperatures were suitable for maintaining the quality of medicines stored.

● We noted that a medicines administration records (MAR) contained four unexplained gaps for August 2019. The acting manager explained that this was an oversight and that person concerned had been in hospital. He then promptly rectified the record.

Systems and processes to safeguard people from the risk of abuse

● The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.

● A relative told us that people were safe in the home. This relative said, "I am satisfied with the care provided. My relative is well cared for and is safe in the home."

Assessing risk, safety monitoring and management

● Risks to people's safety were assessed and recorded. Risk assessments included risks associated with behaviour which challenged the service, self-neglect and smoking. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.

● One person who had a urinary catheter did not have a written risk assessment although the acting manager was aware of some of the potential risks. A written risk assessment was prepared soon after the inspection. The acting manager stated that they were unaware they needed to prepare the assessment as the community nurse was visiting and overseeing this person's care. This risk assessment is needed to inform staff of potential risks which may be experienced so that action can be taken to minimise them.

● There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for two people. The acting manager stated that the remaining two PEEPs had been taken by a senior company staff and would be brought back to the home the same day. PEEPs needed to be in the home at all times so that staff are aware of action to take in an emergency.

● The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had

been carried out.
● Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the portable electrical appliances, gas boiler and electrical installations.
● Staff checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.

Learning lessons when things go wrong
● There was a record of accidents and incidents. We noted that an incident in which a person had damaged property did not have guidance to prevent re-occurrence. Where appropriate, guidance should be provided and documented following incidents. This is to ensure the safety of people and staff. This was rectified soon after the inspection and the necessary guidance was documented.

Staffing and recruitment
● The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed. No new staff had been recruited in the past two years. We noted that three staff had criminal record disclosures which were carried out over five years ago. The human resources manager told us soon after the inspection that they were in the process of applying for new disclosures for all staff who had disclosures that were over three years old.
● The service had adequate staffing levels to meet the needs of people. Staff told us that they were able to complete their allocated tasks. There were three people living in the home on the day of inspection. The fourth person had been admitted to hospital. The day shift consisted of two care staff. There was one staff on waking night duty. We did not find evidence that the current staffing levels were inadequate.

Preventing and controlling infection
● The home was clean and there were no unpleasant odours.
● All staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were available for staff. A care professional told us that the home appeared clean whenever they visited. This was confirmed by a relative.

Good

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 remained Good. 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
- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were recorded. This ensured that their individual needs could be met by staff supporting them.
- People's care needs were reviewed with them, their relatives and care professionals involved. This was confirmed by a relative and we saw that appointments had been made with relevant healthcare professionals.

Staff support: induction, training, skills and experience
- People were supported by experienced staff who had worked in the home for several years. Staff had received a comprehensive induction.
- Staff records indicated that care workers had completed a range of training relevant to their role. Training included administration of medicines, food hygiene, infection control, autism, learning disabilities and safeguarding, fire safety awareness and positive behavioural support. Two care professionals stated that staff appeared capable and confident and the staff team were familiar with people who used the service.
- Staff told us that their managers were supportive and approachable. There were arrangements for regular supervision and an appraisal of their performance.

Supporting people to eat and drink enough to maintain a balanced diet
- The nutritional needs of people were met. Nutritional needs had been assessed and there was guidance for staff on meeting the dietary needs and preferences of people.
- Staff had arranged appointments with the speech and language therapist for a person who had difficulty swallowing.
- People and their relatives had been consulted regarding what people wanted to eat.
- They were also involved in preparing simple meals with support from staff.

Staff working with other agencies to provide consistent, effective, timely care
- Staff regularly engaged with social and healthcare professionals. This ensured that the needs of people could be met. Records of appointments people had with these professionals were recorded.
- One care professional informed us that staff co-operated with them and were helpful. Another professional told us that staff kept them updated. This professional said, "Franklyn Lodge staff are responsive and provide regular updates but are also able to provide urgent intervention when required and update both social care and healthcare staff accordingly."

● One healthcare professional informed us that staff were helpful and their advice regarding the care of their patient had been followed.

Adapting service, design, decoration to meet people's needs
● People's bedrooms were comfortable and well furnished. Bedrooms had been personalised with people's pictures and ornaments. This ensured that they felt at home.

Supporting people to live healthier lives, access healthcare services and support
● There was detailed information in people's care files to inform staff about their health and general wellbeing. Guidance was available to assist staff care for people who had healthcare needs such as those with diabetes and needed special attention.
● Staff arranged appointments with healthcare professionals such as their GP, psychiatrist and the community nurse when needed.
● The acting manager stated that they ensured that the oral care of people was monitored carefully. He stated that they checked that people brushed their teeth and used toothpaste.

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).
● Care plans included detailed information about people's capacity, their mental state and any mental health issues they may have.
● Staff had received MCA and DoLS training. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.
● The DoLS authorisation of two people had expired. The acting manager stated that they had applied for renewal but they had still not heard from the DoLS supervisory body. He stated that they would be contacting the DoLS supervisory body again about this. Evidence of this was provided soon after the inspection.

Good

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 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

- Staff had received training in ensuring that all people were treated with dignity and respect. They were also reminded of this in team meetings.
- The service had a policy on ensuring equality and valuing diversity. People's diverse needs had been assessed and action taken to meet those needs. For example, one person was provided with meals which met their religious needs. This was confirmed by their relative.
- On the day of the inspection, we observed positive interaction between people and staff. Staff greeted people warmly and spent time sitting and talking with them. People responded well to staff. When one person became restless, staff reassured them, and the person calmed down. When the minibus arrived to transport people to their community activities, staff were careful to ensure people were safe as they walked to the minibus.
- The acting manager provided us with examples of good practice. He stated that a person who used the service had been admitted to hospital. To ensure that the person was well cared for, they and other staff had been visiting this person daily in hospital. The acting manager also stated that the service arranged holidays for people to places they liked to go.

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

- The care records contained information on how to communicate with people. Staff said they observed signs and gestures made by people so that they can understand their needs. For example, when a person wanted a drink or food, they would either take the staff member to the kitchen or point at what they wanted to eat. Another person would point to clothes they wanted to wear. A third person would cover their ears if they found the sounds were too loud.
- The service took note of what people liked to engage in. One person enjoyed eating out. There was documented evidence that staff had responded to this preference. Another person enjoyed using the TV remote control. This person was supported to use it in their bedroom.
- The acting manager stated that people and their relatives were involved in discussions regarding people's care during reviews. This was evidenced in the care records examined. In addition, staff took the opportunity to update and discuss care issues when relatives of people visited the home.
- A relative informed us that staff communicated well with people and understood their needs.

Respecting and promoting people's privacy, dignity and independence

- A relative and three care professionals told us that staff treated people with respect and dignity.
- Staff told us that when providing personal care, they would close doors, not expose people excessively

and if necessary close the curtains too.

- Staff said that people were encouraged to be as independent as possible. This included assisting with the laundry, going out shopping with staff, choosing clothes and shoes they wanted to wear each day and preparing drinks. This was confirmed by a relative and a care professional.
- One care professional told us that staff engaged well with people and people appear settled in the home.

Good

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 remains as good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People received personalised care and support. Care plans detailed people's individual needs and included guidance about how staff needed to support them. Staff were knowledgeable about each person's needs and were able to bring about improvements in people's mental state and improve their quality of life.

● We discussed the care of people with behaviour which challenged the service. The acting manager and staff knew about specific triggers and what would upset people and how to minimise the incidents of such behaviour. They informed us that they would provide reassurance, talk gently with people, divert people's attention or invite them to assist in preparing a drink. If necessary, they would seek medical assistance.

● Information about people's personal histories and their individual backgrounds were recorded in people's care records. Staff knew how to assist people to follow their religious and cultural observances. They told us how they supported a person to eat food that was in line with their religious requirements and enable them to attend their chosen place of worship.

● There was a programme of specific activities for each person depending on their interests. These included attendance at a college, day centre, walks in the park, going away on holidays, shopping and outings to places of interest.

● Two professionals reported that people had made progress in their mental state. One stated that a person had been able to improve their social skills such as waiting in a queue and in greeting their peers. Another professional stated, "Our experience is that residents have made progress in terms of the functional ability and there is evidence of reduced behaviour which challenges."

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.

● The home had a procedure for meeting this standard. Certain important documents were in pictorial form so that people could understand them more easily. This was evidenced in the care plans, menus and activities timetable. In addition, each person's care record contained a communication section with information regarding how to effectively communicate with people.

● Staff also used picture books and objects of reference to communicate with people.

Improving care quality in response to complaints or concerns

●The home had a complaints procedure.

● A relative informed us that the home had responded to complaints they had made in the past.

● Only one complaint was recorded in the past twelvemonths. This had been promptly responded to.

End of life care and support

● The service was not currently providing end of life care. There was an end of life policy to provide guidance for staff.

● The service had explored the end of life preferences with people and their representatives.

Requires Improvement

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 requires improvement. At this inspection this key question remained the same. This meant the service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection we noted that the quality assurance system was not sufficiently effective. At this inspection we found that the service had carried out regular checks and audits. Audits took place monthly and were carried out by a senior staff of the company. These audits included areas such as medicines management, maintenance and cleanliness of the home, health and safety and accidents.
- The service had not had a registered manager for the past two years. We discussed this with the provider's human resources manager who undertook to look into this.
- We noted that the checks and audits were not sufficiently robust and did not identify and promptly rectified deficiencies we noted. For example, we noted that a person's MAR contained four unexplained gaps for August 2019. Three staff had criminal record disclosures which were carried out over five years ago although the policy of the service was to renew them every three years. One person who had a urinary catheter did not have a written risk assessment. The PEEPs of two people were not in the home when we visited. Although the audits carried out had checked the areas where we found deficiencies, they had not identified the failings mentioned.
- The last monthly quality assurance audit was dated May 2019. The acting manager stated that audits had been done since that date, but the reports were not available in the home. These reports should be made available to staff so that they were informed and made aware of any shortcomings that needed to be rectified. These were provided soon after the inspection.

The provider had failed to have effective quality assurance systems for monitoring and improving the quality of the service provided. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

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

- Staff spoke positively about the management of the service. They informed us that there was good communication and they worked well together. Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people.
- A relative we spoke with told us that the service was well managed and people were well cared for.

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 acting manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. The acting manager knew when they needed to report notifiable incidents to us.

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

● People and their relatives had opportunities to feedback about the care provided. This was confirmed by a relative who stated that they found staff to be responsive to the feedback.

● People's diverse and individual needs had been met. This was confirmed by a relative who stated that staff showed an understanding of the religious and cultural needs of people. This relative stated that staff ensured that people had meals which met their religious needs.

●Two care professionals stated that staff worked well with them to ensure that the needs of people were met. They informed us that people appeared well cared for whenever they visited them.

● Satisfaction survey forms had been sent out to relatives this year. However, the acting manager stated that none had been returned by them.

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

●The acting manager and care staff were knowledgeable about their roles and responsibilities. Morale in the team was good and staff communication was good.

● Staff felt well supported. They told us the acting manager and other senior staff were approachable and listened to them.

● Staff meetings and supervision sessions were used to share information about people and the service.

Working in partnership with others

● The service maintained contact with health and social care professionals to ensure that people's needs were met. This was confirmed in feedback from professionals involved with people.

● Care staff had sought advice and guidance from healthcare professionals where there were any concerns about a person's wellbeing and changes to people's needs.

● When a person had been admitted to hospital, staff continued to visit this person to ensure they were well cared for.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective quality assurance systems for monitoring and improving the quality of the service provided.