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

Overall summary

We undertook this unannounced inspection on 7 October 2015. Franklyn Lodge – The Bungalow is a care home which is registered to provide personal care and accommodation for a maximum of four people. People living in the home have learning disabilities. At this inspection there were four people living in the home.

At our last inspection on 4 September 2014 the service met the regulations we looked at.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

Some people in the home had complex needs and did not provide us with feedback. However, we observed that they were well cared for and appropriately dressed. One person, a relative and three health and social care professionals informed us that they had no concerns and they indicated that people who used the service were well cared for. One person who used the service nodded and said "yes" when we asked them if they were well treated by staff. Two relatives and the professionals stated that people were treated with respect and dignity.

The home had suitable arrangements for safeguarding people. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm.

There were enough staff to meet people's needs. Staff had been carefully recruited and provided with training to enable them to care effectively for people. They had the necessary support and supervision to enable them to carry out their duties effectively.

People's needs were carefully assessed. Staff prepared appropriate and detailed care plans with the involvement of people and their representatives. Their healthcare needs were closely monitored and there was evidence of them being attended to. Appointments had been made with healthcare professionals when required. People had received their medication. There were suitable arrangements for the storage, administration and disposal of medicines in the home. The arrangements for the provision of meals was satisfactory and people's dietary needs and preferences were met.

The CQC monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. Staff were knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. The home had policies and guidance on MCA and DoLS and staff were aware of the procedure to follow if people's freedom needed to be restricted for their own safety. We noted that there was evidence of DoLS authorisations been given by the relevant authorities.

We observed that staff communicated well with people and formed positive relationships with people. We noted that people responded well to staff and were relaxed and around staff. Staff were knowledgeable regarding the individual care needs of people. There were arrangements for encouraging people to express their views regarding areas such as activities and meals provided.

People's preferences were recorded and we found examples of preferences and choices being responded to. Concerns and complaints were promptly followed up.The home had comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by senior staff and the directors of the company. A satisfaction survey had also been done and the results were positive.

We found the premises were clean and tidy. The home had an infection control policy and arrangements were in place for infection control. There was a record of essential inspections and maintenance carried out.

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?

Good

The service was safe. The home had a safeguarding procedure and staff

had received training and knew how to recognise and report any concerns or incidents of abuse.

Risk assessments had been prepared and staff were aware of action to take for minimising potential risks to people. There were suitable arrangements for the management of medicines. The staffing arrangements were satisfactory and the home had sufficient numbers of staff to meet people's needs.

The home was clean and infection control arrangements were in place.

Is the service effective?

Good

The service was effective. People who used the service were supported by staff who had worked in the home for several years and understood their care needs. People's healthcare needs had been closely monitored and attended to. Their nutritional needs and preferences were met.

Staff were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People were treated with respect and dignity. People's privacy were protected.

Staff supported people in a caring and friendly manner and were able to communicate effectively and form positive relationships with them.

People and their representatives, were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and addressed people's individual needs and these took account of their preferences and choices. The home had a varied activities programme so that people could receive social and therapeutic stimulation.

People and their relatives knew how to make a complaint if they needed to. Concerns and complaints had been appropriately responded to.

The home had meetings and people could express their views and the minutes were recorded. The home took into account the suggestions made by people and acted on these.

Is the service well-led?

Good

The service was well-led. The quality of the service was carefully monitored by senior staff and directors of the company.

The results of a recent satisfaction survey and feedback from relatives indicated that staff provided a good quality of care.

Staff were aware of the values and aims of the service. Social and healthcare professionals told us that the service worked well with them.

Franklyn Lodge The Bungalow

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.

The inspection took place on 7 October 2015 and it was unannounced. One inspector carried out this inspection. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided. We received feedback from three health and social care professionals regarding the care provided in the home.

We spoke with one person living in the home and obtained feedback from them. However, three people with complex needs did not provide us with feedback. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms. We also spoke with three care staff, the relief manager, the most senior manager of the company and the human resources manager. The registered manager was on leave.

We reviewed a range of records about people's care and how the home was managed. These included the care records for four people living there, four recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

Good

Is the service safe?

Our findings

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. A person who used the service nodded and smiled when we asked them if they were well treated by staff. One relative said, "My relative is happy and safe in the home." This was reiterated by a healthcare professional who stated that people were safe and well cared for.

We saw that staff were constantly supervising and observing people to ensure that they were safe. Two professionals stated that they had no concerns about people's safety and were satisfied with the care provided to people.

The home had a safeguarding adults policy and procedure to provide guidance to staff on protecting people. Staff had received training in safeguarding people. Staff gave us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report their concerns to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission or the Police.

People's care needs had been carefully assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with road traffic, neglect and antisocial behaviour. Staff were knowledgeable regarding the risks to people. We noted that they ensured that people were safe when a minibus came into the grounds and people had their seat belt on when they were in the minibus.

There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home. The medicines administration charts indicated that people had been given their medicines and they were filled in appropriately by staff. No gaps were noted. Staff records indicated that they had received training in the administration of medicines. There was evidence that medicine audits had been carried out.

We looked at the staff rota and discussed staffing levels with the registered manager. We noted that in addition to the registered manager, there was usually two care staff on duty during the day. During the night shifts there was usually one night staff on sleeping duty. Relatives and two health and social care professionals indicated that people's care needs were met and they expressed no concerns regarding staffing levels. Staff informed us that the staffing levels were adequate and they were able to meet the needs of people. We observed that staff were not rushed when they went about their work.

The home had an appropriate recruitment policy and procedure which had been followed. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, and a minimum of two references to ensure that staff were suitable to care for people.

There was a record of essential maintenance and inspections carried out. This was needed to ensure the safety of people. They included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. There was a contract for maintenance of fire safety equipment. At least four fire drills had been carried out since the beginning of the year for staff and people. Fire training had been provided for staff to ensure that they were aware of action to taken in the event of a fire. The home had an updated fire risk assessment and an evacuation plan in pictorial format. We however, noted that personal evacuation plans for each person were not in the care records. The acting manager stated that these were being prepared. They were sent to us soon the inspection.

The home had an infection control policy. This guidance was needed for the protection of people and staff. The guidance included information on the management of infectious diseases. Staff were aware of the importance of keeping the premises clean and ensuring they wash their hands prior to preparing meals. Gloves and aprons were available for staff when needed. We visited the laundry room and discussed the laundering of soiled linen with the acting manager and senior managers of the company. They were aware of the arrangements that needed to be in place to deal with soiled and infected linen to reduce the risk of the spread of the infection. All areas visited by us were clean. Some areas of the home needed minor redecoration and repainting. The senior managers informed us that this was in the process of being done.

Good

Is the service effective?

Our findings

Relatives informed us that their relatives who lived in the home were well cared for. One of them stated that people had been given their medicines. A healthcare professional stated that people were well treated and staff regularly referred people to them for treatment. A second professional stated that people in the home were well cared for.

People had their healthcare needs closely monitored. There was evidence of recent appointments with healthcare professionals such as people's dentist, optician, chiropodist and GP. The weight of people had been recorded monthly and staff knew of action to take if there were significant variations in people's weight. We noted that there were no significant variations in people's weight. One person had a medical condition which needed close attention and a special diet. Staff were aware of the particular needs of this person. Appointments with the hospital outpatients department had been arranged and the report of the medical consultant indicated that this person's medical condition was well managed by the home.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the DoLS. Deprivation of Liberty Safeguards (DoLS) which applies to care homes. When speaking with staff and senior managers of the company, we noted that they demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Staff had received training in this area. They were aware of the importance of ensuring people or their representatives were involved in decision making. They also had a good understanding of the legal requirements related to DoLS. We noted DoLS authorisation were in place for people who used the service.

The arrangements for meals were satisfactory and people were involved in choosing their meals. This happened at monthly meetings and key worker sessions with people. Staff told us that people could choose food they wanted to eat and people could also go out shopping with staff. One person was able to inform us that they had the breakfast they liked. A relative said, "The food is OK!" Staff were aware of the importance of promoting healthy eating and ensuring that people maintained a steady weight. Staff said they showed pictures of vegetables to people and also served vegetables to them. They were also aware that they should discourage people from eating excessively. The relief manager was also aware that if a person lost a significant amount of weight, they would refer them to the doctor for attention.

Records we saw indicated that the registered manager and relief manager carried out supervision and annual appraisals of staff. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. This ensured that staff received appropriate support. Staff told us they worked well as a team and their managers were supportive.

The home had a comprehensive induction programme for new staff and evidence of this was seen in the staff records. There was on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. A training matrix was available which showed the training staff had completed. Staff were knowledgeable regarding care issues and the needs of people with learning difficulties. They knew the triggers and warning signs which indicated that people were upset and how to support people appropriately. This included engaging them in therapeutic activities, encouraging independence and supporting people to express their views.

The bedrooms of people had been personalised with pictures and posters. The garden was well maintained. We noted that some areas of the home such as the kitchen and corridor needed minor redecoration and repainting plastering. The relief manager stated that the maintenance department of the company would be carrying out the work soon. An unused sofa was left in the patio area and this was unsightly. The deputy manager stated that arrangements would be made for this to be disposed of.

Good

Is the service caring?

Our findings

A relative informed us that care staff were kind to their relative who lived in the home and showed respect to them. This relative stated that people were clean and well dressed whenever they visited. Another relative said, “They treat my relative nicely.” A social care professional stated that when they visited, they found that people in the home were treated with respect and they had no concerns regarding their welfare.

We observed that care staff showed interest in people and were constantly present to ensure that people were alright and their needs attended to. Staff were attentive and talked in a gentle and pleasant manner to people. We saw care staff approached people and interacted well with them. Care staff smiled and asked people how they were. People responded by either smiling or nodding. A member of staff went with a person for a walk around the grounds and talked with them. We observed that when this person became agitated regarding a particular matter, the care staff was able to calm this person by suggesting an activity for them. One care staff said that they paid attention to non-verbal signals from people who used the service and allowed themselves to be led by people so that people’s needs and preferences can be attended to.

Staff were aware that all people who used the service should be treated with respect and dignity. We observed that staff respected people’s privacy and they closed the doors when attending to their personal care needs.

The home had a policy on ensuring equality and valuing diversity and staff had received training in ensuring equality and valuing diversity. They informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances. Information regarding people’s past history and social life were documented in their records. This enabled staff to better understand people.

Staff carried out assessments of people’s care needs with the help of people and their representatives. These assessments contained details of people’s background, care preferences, choices and daily routines. Care plans were up to date and had been evaluated by staff and reviewed with people, their relatives and professionals involved. This provided staff with current guidance on meeting the needs of people.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Staff held regular one to one sessions where people could make suggestions regarding their care and activities they liked.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

Good

Is the service responsive?

Our findings

Relatives informed us that people received care which met their needs. A relative said, "I am happy with the care they provide."

The home had a complaints procedure and a record of complaints received. One complaint was recorded since the last inspection. This related to facilities provided in the home. This had been promptly responded to. The acting manager provided us with evidence that action was taken. Staff knew what to do if they received a complaint. They said they would inform their managers and record it.

There were arrangements for encouraging people to express their views regarding areas such as activities and meals provided. The relief manager stated that dinner was prepared on the premises and lunch was sometimes purchased from restaurants outside the home and people chose what they wanted to eat.

All staff we spoke with had worked in the home for several years and were aware of the individual needs, likes and dislikes of people. Comprehensive assessments of people's care needs had been carried out with their help. These assessments contained information regarding people's background, behaviour, preferences, choices and daily routines. People who used the service had a care plan that was personal to them. The care plans were up to date and addressed areas such as people's personal care, nutrition and activities that people had organised for them.

Each person had a daily log which contained information on activities they had participated in. These included shopping trips, walks and attendance at clubs and day centres for people with learning difficulties. Details of each person's weekly activities programme were in their care records.

The two senior managers from the company stated that they had met with relatives and kept them informed of the progress of people.

Good

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