

Residential Care Services Limited

Franklyn Lodge

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

Franklyn Lodge is a care home registered to provide accommodation and support with personal care for three people with learning disabilities and complex needs. The home is located close to shops and transport links. At the time of our visit, there were three people living in the home who had learning difficulties.

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. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

We noted that people appeared relaxed and comfortable with staff. Staff interacted well with people and were caring and attentive towards them.

The service had arrangements for keeping people safe from harm. Staff were vigilant on ensuring people were safe. Risks to people's health and wellbeing had been assessed. There was guidance for staff on how to minimise risks to people.

The service had arrangements to safeguard people from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

People received their prescribed medicines. Staff had received medicines administration training and knew how to administer medicines safely.

The home had adequate staffing levels and staff were able to attend to people's needs. Staff had been carefully recruited and essential pre-employment checks had been carried out.

Staff had received training and had knowledge and skills to support people. There were suitable arrangements for staff support, supervision and appraisals.

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.

People were supported to remain healthy. The healthcare needs of people had been assessed. People could

access the services of healthcare professionals when needed.

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 services supported this practice.

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

Staff supported people to participate in a range of social and therapeutic activities which met their diverse and individual needs. The service arranged events to celebrate special cultural and religious days.

There was a complaints procedure and people knew how to complain. No complaints had been received since the last inspection.

The service was well managed. There was a transparent and open culture. Management monitored the quality of the services provided via regular audits and checks.

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 Good (published 5 July 2017). The service remains rated as Good.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Detailed findings

Background to this inspection

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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 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 current manager registered with the Care Quality Commission. 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. A new manager had been recruited and he had applied to become the registered manager.

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 also checked for any reports about the home provided by the local authority. The provider had not completed a Provider Information Return (PIR). This was because they had not received a request to complete it prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does

well and improvements they planned to make.

During the inspection

People using the service had complex needs and were not always able to share their experiences of using the service with us. We therefore spent time observing how they interacted and engaged with staff and others to understand their experiences of using the service. We spoke with two people who used the service. We also spoke with the new manager, the human resources manager, and four care staff. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of three people using the service, personnel records of three care staff, policies and procedures, maintenance and quality monitoring records.

After the inspection

We spoke with three relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained as good. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The service had arrangements to keep people safe. Risk assessments included risks associated with falling, self-neglect and behaviour which challenged the service. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- 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 fire alarm system, gas boiler, portable electrical appliances and electrical installations. The electrical installations certificate indicated that the installations were not satisfactory. The service promptly arranged for remedial action to be taken. This was confirmed in the new certificate forwarded to us soon after the inspection.
- Staff checked the hot water system each week and the hot water temperatures prior to people having a shower. This was to ensure people were protected from scalding.
- One person told us people were safe in the home. This person said, "Yes, I feel, safe here. Staff are nice. I am happy here." Relatives told us they were satisfied with the care provided and expressed no concerns regarding people's safety.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) examined indicated that people received their medicines as prescribed. There were no unexplained gaps in the charts.
- Medicines were stored securely and at the correct temperature. The temperatures of the room where medicines were stored had been checked daily and recorded. The readings indicated that medicines were properly stored.
- Weekly medicine checks took place. Monthly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.

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.
- When needed, the service had taken appropriate action to safeguard people and had co-operated with investigations by the local safeguarding team.

One safeguarding concern had been reported to us and the local authority since the beginning of the year. The service demonstrated vigilance in ensuring that people were protected.

- One person and two relatives told us that people were well cared for. One relative said, "The care is good. My relative is well treated."

Staffing and recruitment

- The service had adequate staffing levels to meet the needs of people. One person and relatives told us that staff were attentive to the care needs of people. One person said, "If I need help, I do not need to wait long time. The staff come to me." Staff said they were able to complete their allocated tasks.

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.

Preventing and controlling infection

- The home was clean and there were no unpleasant odours.

- Staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were available and staff used them.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Only one incident was recorded. Guidance and action to prevent re-occurrence had been recorded.

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 as 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

- The service delivered care in line with the law. People's care plans contained evidence that their needs had been individually assessed. Details of people's needs, including their daily routines, cultural, religious, dietary and preferences were recorded. This ensured that their individual needs could be met by staff.
- Regular reviews of people's care needs had been carried out with them, their relatives and care professionals involved. This was confirmed by one person who used the service and relatives we spoke with.

Staff support: induction, training, skills and experience

- New staff had received a comprehensive induction to prepare them for their responsibilities.
- 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, moving and handling and safeguarding.
- Staff told us that their manager was supportive and approachable. There were arrangements for regular support, 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 arrangements were in place to meet people's dietary needs and preferences. People's weight had been monitored to ensure that any significant fluctuations in their weight were noted and responded to.
- People and their representatives had been consulted regarding their preferences. One person told us that they were satisfied with the meals provided. A relative said, "The staff are aware of the dietary needs of my relative."

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. Appointments people had with these professionals were recorded in their care records.
- We noted that the service had liaised closely with social and healthcare professionals when this was needed and they had attended meetings with these professionals.

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

- The home was well lit. The lounge was homely. The garden was attractive.
- 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 caring for people who had healthcare needs such as those with diabetes and who needed special attention.
- Staff arranged appointments with healthcare professionals such as GPs, dietitian, dentist and the psychiatrist when needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The service worked in accordance with the principles of the MCA.
- Care plans included detailed information about people's capacity, their mental state and any mental health needs 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.
- DoLS authorisations were in place for people who needed them, and the conditions had been met.

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 as 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 equality and valuing diversity. They respected and supported people in meeting their diverse needs and were non-judgemental in their work. This was confirmed by a person who used the service and two relatives of people. One person said, "They talk and listen to me. The staff understand me and my routine."
- A relative said, "We are satisfied with his care. The staff are good. They treat him well."
- On the day of the inspection, we observed positive interaction between people and staff. Staff spent time with people. They smiled and talked with people in a pleasant, respectful and friendly manner.
- One person like a particular cultural snack when they returned from an outing. We saw that staff had this snack ready for them. This person was seen enjoying their snack.

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

- Staff held monthly meetings where people could express their views. Documented evidence of these were provided. The manager stated that one person could communicate verbally and two people communicated via hand gestures, facial expressions and particular sounds made.
- One person and representatives of people told us that they could express their views and the manager and staff listened to them.
- The manager provided us with an example of good practice. A person enjoyed watching DVDs at weekends. Staff had arranged for him to purchase a DVD player and DVDs he liked.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the need to protect people's dignity and privacy when attending to their personal care or before entering people's bedrooms.
- Staff told us that when providing personal care, they would close doors, not expose people excessively and if necessary close the curtains too.
- People were encouraged to be as independent as possible. This was confirmed by one person and representatives of people we spoke with. We saw that staff walked alongside people when they were going to the minibus and assisted them if needed. The manager told us that staff regularly took people out shopping and staff always asked people about their choices before decisions were made regarding items to be purchased.

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; 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

- People received person-centred care. Their care needs had been carefully assessed. These assessments included information about a range of needs including those related to their cultural and religious needs, medical needs, pressure area care and mobility needs.
- Appropriate care plans had been prepared and staff knew how to support people. People and their representatives were satisfied with the care provided. A relative said, "My relative is clean when we see him. He has made improvements." Another relative told us that staff were aware of the care needs of their relative and their preferences.
- The home had a varied programme of social and therapeutic activities which included outings to places of interest, the park, the corner shop, holidays and attendance at day centres. One person said, "There are activities. I have been out on trips and we had a Christmas party at the day centre. A relative said, "My relative goes for outings with staff. He also gets one to one attention from staff."
- 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. One person had been supported to attend their chosen place of worship.
- The manager provided us with examples of good practice. The home had been able to manage the behaviour of a person effectively. This meant the person concerned no longer needed sedative medicines. A second person had refused to go out into the community. Staff worked at encouraging him and he was able to go out regularly.

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 policy for meeting this standard. Important documents such as care plans, menus, policies and procedures were in pictorial form so that they could be easily understood by people.
- In addition, each person's care record contained a communication section with information regarding how to effectively communicate with people. There was information on what people's hand gestures and signs mean. For example, people one person would pick up his jacket when he wanted to go out. Another would go into the kitchen and open the cupboard if he wanted food or turn on the tap if he wanted a drink. One person would fold their arms if they were unhappy or did not wish to co-operate. The service also used objects of reference and picture books.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure. Relatives and a person we spoke with were aware of who to talk with if they had concerns.
- No complaints had been recorded. The manager stated that none were received.

End of life care and support

- The service was not currently providing end of life care. The service had an end of life policy to provide guidance for staff.
- The service had explored the end of life preferences with people and their representatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- There was a management structure in place, which consisted of the manager, supported by a team of care staff. Staff understood their roles and went about their duties calmly.
- Staff spoke positively about their manager. They stated that the manager was supportive and approachable.
- The home had a range of policies and procedures to provide guidance for staff. These included safeguarding adults, administration of medicines, equality and diversity and complaints. They had been reviewed and updated.

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

- The manager had promoted an open, inclusive and caring environment within the home. This was confirmed by a person and relatives we spoke with. They were complimentary and described staff as pleasant and helpful. One person said, "I can talk to the manager if I am unhappy, but I have nothing to complaint about." One relative said, "Manager is a very nice person."
- Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people.

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 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. She knew when she needed to report notifiable incidents to us.
- Care documentation and records related to the management of the service were well maintained and up to date.

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

- People who used the service and their representatives had opportunities to feedback about the care provided. The feedback received from them was positive.
- The manager stated that they had regular contact with care professionals and consulted with them when needed. Evidence of this was noted in the care records.

- People's diverse and individual needs had been met. Some people had special diets, and these had been provided. Other people were able to continue with their religious and cultural observances such as attending places of worship and having meals which met their religious needs.

Continuous learning and improving care

- The service had a quality assurance system of checks and audits. Checks were carried out by the manager each week in areas such as medicine stocks, care documentation, maintenance of the building and the temperature of the hot water. Management staff from the company's head office visited the home monthly to carry out audits. These took place monthly and included areas such as the care provided for people, staffing levels, health and safety, accidents and incidents.
- The manager informed us that he listened to people and their representatives and improvements were made when needed. Feedback we received from a person who used the service and two relatives indicated that they were mostly happy with the management of the service. The manager informed us that where suggestions had been made for improving the service, they had responded to it. For example, when one person wanted more activities, they had consulted with them about their choices.

Working in partnership with others

- The service worked closely with social care professionals from the local authority and healthcare professionals to improve the service for people who used the service. This was evidenced in care records examined.