

Residential Care Services Limited

Franklyn Lodge 9 Grand Avenue

Inspection report

9 Grand Avenue
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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 9 Grand Avenue provides accommodation and personal care for a maximum of six adults who have learning disabilities. The home is a detached house. It is close to shops and transport links. At the time of our visit, there were six people living in the home. .

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 provided people with planned and co-ordinated person-centred support that was 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. Three of them nodded and smiled when we asked them if they were happy in the home. A relative and two 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 efforts 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 diabetes. 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. Window restrictors were not in place in one bedroom while three other bedrooms had restrictors that were too wide. These were rectified on the second day of inspection.

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.

People had received their medicines as prescribed. The home had suitable arrangements for the administration of medicines. No unexplained gaps were noted in the medicines administration records (MAR) examined.

Staff had been carefully recruited and essential pre-employment checks had been carried out. The home had adequate staffing levels. We noted that a staff member had worked long hours with only a short break of six hours over a two-day period. This may place people at risk since the staff member may not have sufficient rest. The registered manager agreed that in future staff would not be working long hours. We have recommended that the arrangements for staff working hours be reviewed.

Staff were supported to care for people. They had received training and had the knowledge and skills to support people. They had regular supervision and a yearly appraisal of their performance.

The premises were mostly clean and tidy. One window sill was dirty. The registered manager explained that colour from a person's wet colouring box had been left there and this may have coloured the window sill. The area around another bedroom sink was dirty. On the second day of inspection these areas were found to have been cleaned.

There was a record of essential maintenance carried out by specialist contractors. Fire safety arrangements were in place. The home had responded to recommendations made by the fire service. The names of staff and people present were not recorded. The registered manager agreed to record them in the future.

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 recommendation in respect of this deficiency in the Well Led section of this report.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences. The healthcare needs of people had been attended to. People could access the services of healthcare professionals when needed.

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. Complaints made had been recorded and promptly responded to.

There was a record of accidents and incidents. Guidance to prevent re-occurrence was provided when appropriate.

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 29 August 2017).

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?

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 9 Grand Avenue

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 two inspectors.

Service and service type:

Franklyn Lodge 9 Grand Avenue 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 had a manager registered with the CQC. 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 reports from the local authority, 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. Three people however, communicated with us via nods and facial expressions. We also spoke with the registered manager, the minibus driver, four care workers and a visiting care professional. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of five people using the service, staff employment records, agency staff profiles, policies and procedures, maintenance and quality monitoring records.

After the inspection

We spoke with two relatives and we also received feedback from two care professionals.



Is the service safe?

Our findings

Our findings - Is the service safe? = Requires Improvement

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 had deteriorated to requires improvement. 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.

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. Another relative, "Yes I am happy with care my relative gets. My relative always look well cared for - always clean."
- A care professional said, "My client is safe in the home and well treated by staff."

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-harm, falls, self-neglect, use of electrical appliances and travelling in the community. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- We noted that there was no risk assessment for a person with diabetes. This was needed to ensure that potential risks could be minimised. The completed risk assessment was sent to us soon after the inspection.
- Window restrictors were not in place in one bedroom while three other bedrooms had restrictors that were too wide. These were rectified on the second day of inspection.
- There were procedures in place for dealing with emergencies. Detailed personal emergency evacuation plans (PEEPs) were in place for people.
- The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out. Action had been taken in response to recommendations made by the fire authorities. This included a new smoke alarm and new fire risk assessment.
- The names of staff and people present during fire drills were not recorded.

We recommend that the names of those present during fire drills should also be recorded to inform on who had participated.

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.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed. Recruitment records contained the required documentation such as references, criminal record checks and evidence of identity.
- The service had adequate staffing levels to meet the needs of people. Staff told us that they were able to complete their allocated tasks. Relatives informed us that the care needs of people were attended to. There were six people living in the home on the day of inspection.
- We noted that a staff member had worked long hours with only a short break of six hours over a two-day period. This may place people at risk.

We recommend that the staffing arrangements be reviewed so that staff do not work excessive hours. This is to ensure they are able to care effectively for people.

Preventing and controlling infection

- The home was mostly clean and there were no unpleasant odours. Some areas of the home had been repainted and refurbished.
- Staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were available for staff.
- One window sill was dirty. The registered manager explained that colour from a person's wet colouring box had been left there and this may have coloured the window sill. The area around another bedroom sink was dirty. On the second day of inspection these areas were found to have been cleaned.

Using medicines safely

- The service had suitable arrangements for the administration of medicines. People had been administered their medicines as prescribed. No unexplained gaps were noted in the medicines administration records (MAR) examined.
- Staff had received training in the administration of medicines. Annual medicines refresher training had also been organised for staff. There were audits for the administration of medicines.

Learning lessons when things go wrong

- There was a record of accidents and incidents. Where appropriate, guidance had been provided to prevent re-occurrences.

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 records 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 staff who had the skills to care for them. 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 told us that the registered manager and her staff appeared capable and they were aware of the individual needs of each person.
- 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 people's dietary needs and preferences.
- We saw that the home was well stocked with both fresh and frozen meals.
- People's weights had been checked monthly and recorded to ensure they had sufficient nutrition.
- Relatives expressed no concerns regarding the meals provided. One relative said, "They give my relative a lot of vegetables. The food there is good."
- The menu of meals provided was varied and balanced and reflected the cultural background of people. We saw that there were details in a person's care record specifying their religious observances in relation to meals to be provided.

Staff working with other agencies to provide consistent, effective, timely care

- Staff regularly engaged with social and healthcare professionals. This ensured that people's 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 maintained good liaison with them.

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

- People's bedrooms were adequately furnished, comfortable and had been personalised with people's pictures and ornaments. This ensured that they felt at home.
- One bedroom did not have a lampshade for the ceiling lamp. The registered manager informed us soon after the inspection that this had been fitted.
- The gardens were attractive and well maintained.

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. Staff also focussed on ensuring people received good oral care. Staff helped people brush their teeth and have appointments with the dentist.
- Staff arranged appointments with healthcare professionals such as people's GP, psychiatrist and the podiatrist when needed. We saw details of reasons and outcomes of these appointments.
- The registered manager provided us with an example of good practice. She stated that they had been able to encourage a person to have their blood taken so that a test could be carried out at the GP surgery. This person had previously not co-operated with it.

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.

- 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 care records contained current DoLS authorisations for people.

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 people were treated with dignity and respect. This was confirmed in feedback we received from relatives and care professionals.
- 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, meals were provided which met people's religious and cultural needs. People could display ornaments and pictures they liked.
- On both days of the inspection, we observed positive and caring interaction between people and staff. People responded well to staff. When a staff member requested that a person assisted them with putting away the cups, the person concerned responded willingly and stacked the cups away neatly.
- When the minibus arrived to transport people to their community activities, we observed that staff were careful to ensure people were safe as they walked to the minibus.
- A relative said, "They are very kind, and they get on with my relative."

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 was hungry, they would touch their stomach. If they enjoyed their food, they would eat it slowly. If they did not like it, they would not eat it. Another person would make noises if they were unhappy or anxious.
- The service took note of what people liked to engage in. One person enjoyed bus rides and going to the shops. This person had been provided with a staff member who regularly took them out.
- The 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.
- A care professional stated that staff respected their client and their client was quite settled and happy in the home.

Respecting and promoting people's privacy, dignity and independence

- Two relatives 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.
- The registered manager and her staff encouraged people to be as independent as possible. Staff

encouraged people to assist in household tasks and choose clothes and shoes they wanted to wear each day.

- The registered manager provided us with an example of good practice. She stated that a person who used the service had refused to go out or attend a day centre. With encouragement, this person could now go out regularly with staff and was enjoying trips taken.

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 and what people were capable of doing. Staff were knowledgeable about people's needs and could tell us about the specific likes and dislikes of people. Care plans were regularly reviewed to ensure they reflect people's changing needs. Daily records contained good detail of care provided for people.
- Staff told us they had received training on caring for people with behaviour which challenged the service. They knew about specific triggers and what would upset people and how to minimise the incidents of such behaviour. They informed us that they would talk with people and try to calm them down. They would also divert people's attention or offer them a drink. If necessary, they would encourage the person to move away from others if there was a risk of harm to people. They did this by asking the person to go for a walk or go to a different part of the house for a short while. The registered manager informed us that people were settled and it was rare that they exhibited behaviour which challenged the service.
- Information about people's personal histories and their individual backgrounds was recorded in people's care records. Staff knew how to assist people to follow their religious and cultural needs such as providing meals in line with their religious requirements and enabling them to attend their chosen place of worship.
- There was a programme of specific activities for each person depending on their interests. These included bus trips, bowling, attendance at a day centre and a club for people with learning difficulties, walks in the park, swimming and shopping.
- A care professional told us that staff showed empathy with people and had a good knowledge of people's care needs.
- The registered manager provided us with examples where people had made significant progress due to the personalised care provided. One person had previously self-harmed and been aggressive towards staff. This person had improved and no longer exhibited such behaviour. Another person had threatened others and threw plates on the floor when they were upset. This person no longer did this. A third person was doubly incontinent. With support from staff, this person was no longer incontinent.

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. People's care plans and other important documents were in pictorial form so that people could understand them more easily. Meal menus, activities timetable, service user handbooks and the complaints procedure were in easy to read pictorial format. In

addition, each person's care record contained a communication profile and dictionary. There was information regarding how to effectively communicate with people and the signs to look for when people needed assistance, were happy or distressed.

- 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.
- One complaint was recorded since the last inspection. This had been promptly responded to.
- A relative said, "They are very kind to my relative. I have no complaints. I have got the office telephone number if I need to complain."

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.

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 had deteriorated to requires improvement. 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

- The service had regular checks and audits. Daily and weekly checks included cleanliness checks of the kitchen, bedrooms and communal areas. Medicines charts and fridge and freezer temperatures were checked daily. Health and safety checks of the premises were also undertaken by staff on duty. Audits took place monthly and were carried out by a senior staff of the company. These audits included areas such as care plans, medicines management, maintenance and staffing arrangements, health and safety and accidents. We however noted that these checks and audits were not sufficiently comprehensive, as they did not identify some of the deficiencies we identified such as the lack of effective window restrictors, absence of a lampshade for the ceiling lamp, and other deficiencies mentioned.

We recommend that the registered provider review their quality assurance system so that deficiencies are promptly identified and rectified.

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 care professional and a relative told us that they had confidence in the management of the service.

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 registered 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 registered manager knew when they needed to report notifiable incidents to us and notifications had been submitted to CQC when needed.

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.
- Satisfaction survey forms had been sent out to relatives in the past year. We however, noted that there had

not been any report with the analysis of the results and an accompanying action plan. The registered manager stated that this would be done soon.

- 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.

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

- There was a management and staff structure in place. The registered manager was supported by a team of care staff. A director of the company also visited the home monthly to provide support for the registered manager.
- Staff felt well supported. They told us the registered manager was approachable and listened to them.
- Staff meetings and supervision sessions were used to share information about people and the service. Morale in the team was good and communication was good.
- The registered manager and her staff went about their duties in a calm and orderly manner. They were knowledgeable regarding their responsibilities towards people.

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 social and healthcare professionals where there were any concerns about a person's wellbeing and changes to people's needs.