

Residential Care Services Limited

Franklyn Lodge

Inspection report

58 Kings Road
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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

We undertook an unannounced inspection on 22 June 2017 of Franklyn Lodge, 58 Kings Road. Franklyn Lodge, 58 Kings Road is registered to provide accommodation and personal care for a maximum of four adults who have a learning disability. At the time of this inspection, there were four people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 3 December 2014, the service was rated Good.

At this inspection we found the service remained Good.

Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were reviewed and were updated when people's needs changed.

Relatives informed us that they were satisfied with the care and services provided.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy. Bedrooms had been personalised with people's belongings to assist people to feel at home.

Staff had been carefully recruited and provided with training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005).

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made necessary applications for DoLS as it was recognised that there were areas of people's care in which the person's liberties were being deprived. Records showed that the relevant authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information about people and the service, and had an opportunity to share good practice and any concerns at these meetings.

There were systems in place to monitor and improve the quality of the service.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

Franklyn Lodge

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 was planned to check 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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were four people using the service. All the people had learning disabilities and some could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day.

We spoke with two relatives. We also spoke with the provider, registered manager and two care workers. We reviewed four people's care plans, two staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home and they had no concerns about people's safety. Relatives told us "[Person] is very safe. I don't have any concerns. I really don't."

Records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse.

Risks to people were identified. Risk assessments were in place which detailed measures in place to minimise the risk and keep people safe. Risk areas identified included road safety, behaviours that may challenge the service, risk of slip and falls in the bathroom and road safety awareness.

There were effective recruitment and selection procedures in place to ensure prospective employees were suitable and did not pose a risk to people using the service. Records showed appropriate checks had been undertaken.

Medicines were managed safely. Medicines records were completed which indicated people received their medicines at the prescribed time. Medicines were stored appropriately and there were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines.

Staff received training and medicines policies were in place. Medicines were given to people by two member of staff to ensure medicines were administered and recorded accurately. Medicines competency assessments were not in place to ensure care workers were assessed as competent to support people with their medicines. The registered manager told us she would ensure medicine competency assessments were in place.

People using the service needed to be supported with their finances as they did not have the capacity to do so themselves. Care plans detailed the level of capacity people had in relation to their finances and the level of support they would need from staff with managing their finances. Records showed people's money was accounted for and there were records of financial transactions. The registered manager conducted checks and signed off the balances to evidence they were correct. During the inspection, we observed the registered manager checked the finances with a care worker to ensure expenditure had been recorded and balances were accurate.

Family members supported people with their finances and told us any expenditure was discussed with them. One relative told us "Anything they want to buy, they talk to me about it. They are very good at explaining how the money is being spent. The expenditure is always written down and the manager tells me I can have a look at the records anytime. Everything is documented."

There were adequate numbers of staff on the day of the inspection to provide people with the care and support they needed. The atmosphere was calm in the home and staff were observed not to be rushed or

under any pressure. The service used agency staff. However, the registered manager told us they used regular agency staff that had worked at the home for a number of years to ensure consistency with people's care. To enable further consistency and stability with people's care, the registered manager and records showed that agency staff attended training sessions organised by the service alongside the permanent staff which helped care workers to work more effectively as a team.

Relatives spoke positively about the staff and the consistency in care people received. They told us "I remember one staff left, who had supported [person] and I did get worried about it. But someone stepped in who was just as good. The previous care worker worked with the new care worker and told him how [person] was and what to do. [Care worker] now is so good with [person]."

The registered manager spoke positively about the team and the way everyone worked together in the home. She told us "We have a fantastic team here. They [staff] genuinely love the people and care for them. I am very much supported and fortunate to have a team like this in the home." Care workers also spoke positively about the way staff worked together to make sure they were able to meet people's needs. They told us "All the staff here are the best. Very good team."

Health and safety checks were completed and the home was maintained. Any risks to people's health and safety were identified and addressed. Fire, gas and electric checks had been completed. Accidents and incidents were recorded. Legionnaires testing had been conducted on the home's water supplies and no concerns had been found. The registered manager told us the water temperature was controlled to ensure the temperature did not exceed the recommended safe water temperature range. We noted records showed safety was discussed with people using the service in the home and the day centre. One person using the service was able to tell us when prompted that you needed to dial '999' in an emergency.

Is the service effective?

Our findings

Relatives spoke positively about the staff. Relatives told us "They have an excellent team of staff. The people come first for them. It is not a job for them" and "Staff work so well together with people."

Staff told us that they felt supported by their colleagues and management. Records showed care workers received on-going training to ensure that they developed and maintained their skills and knowledge. Records showed staff received supervision and appraisal to review and monitor their performance.

Care workers spoke positively about working in the home. They told us "I have no issues. It is nice working here. It is always good here" and "I love the job. I love to support people."

There were policies in place and care workers had received training on the Mental Capacity Act 2005 (MCA). Where people had been assessed to lack mental capacity to take particular decisions, records showed decisions were made on their behalf in their best interests which involved person's next of kin and relevant healthcare professionals. Standard DoLS authorisations were in place for people using the service as it was recognised there were areas of people's care in which their liberties were being deprived to ensure people were supported appropriately.

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported to access health and medical services when necessary. A relative told us "They take [person] to appointments such as GP, opticians. [Person] is happy with that and I am always made aware of any changes or medicines prescribed. They always let me know."

People were supported with their nutrition and hydration needs. Information about people's dietary needs and preferences were detailed so staff were able to support people appropriately with their food and drink. For example in one person's care plan, it stated "Due to the fact that I eat very fast, I can put a large amount of food into my mouth at once. My food is to be cooked very well and very soft to allow easy swallowing and avoid choking."

During the inspection, we observed people were asked what they wanted to eat for their evening meal and this was accommodated. Food was freshly cooked by the registered manager. The weather was warm and a table was laid out for people to eat in the garden. There was a pleasant atmosphere as staff also sat with people using the service and ate with them. People ate independently, were not rushed and ate at a pace comfortable to them.

The registered manager told us that she loved to cook and had started to incorporate more fruit and vegetables in people's diets. The registered manager told us whenever she made a meal, she would always ensure vegetables were part of people's meals. She also told us about one person using the service who experienced issues with their weight. Records showed that the person's weight was now stable and the person had now started to enjoy fruit and vegetables instead of sugary snacks. Records also showed daily logs were completed detailing what people had eaten each day to monitor their nutritional needs.

One person using the service had taken cooking lessons and was able to prepare food and help at mealtimes. During the inspection, we observed the person made themselves a sandwich to eat and also helped prepare the evening meal with the registered manager.

On the day of the inspection, we found the premises were clean and tidy with no offensive odours. One person showed us their bedroom and a new carpet. They told us they had chosen the colour of the carpet and they liked it. One relative "Yes a new carpet was fitted for [person]. They love it. You only have to mention it and they do it." A new washroom had been fitted on the ground floor. Records showed daily safety checks were completed including daily water temperatures, window restrictors and fridge and freezer checks.

We noted some chipped cupboards in the kitchen and raised tiles in the garden which could cause people to trip and sustain injury. The registered manager told us this had been discussed with the proprietor as the roots of a tree had pushed the tiles up. The registered manager told us they would address these areas promptly.

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. They told us "They are doing a good job", "[Person] is happy to be there" and "Staff get on with [person] and they gel well together" and "They know what to say to [person] to calm them down. They have made such a difference to their life."

People using the service have been living at the home for a number of years. They received care from staff that had worked for the home and provider organisation for several years. This ensured people using the service received good continuity and consistency with their care.

We observed by the way people interacted with staff that positive relationships had developed between them. People using the service were comfortable approaching staff and told them what they wanted without hesitation. Care workers were very calm and gentle in their manner when engaging with people. Care workers sat with people and spent quality time with them and spoke with people in a meaningful way and ensured people were involved in the conversation as much as they were able to. This provided a pleasant inclusive atmosphere for people using the service.

People could come and go as they pleased in the home and were able to choose where to sit and spend their recreational time. We saw people were able to spend time in the way they wanted. All bedrooms were for single occupancy which supported people's privacy. Bedrooms had been personalised with people's belongings, to assist people to feel at home. One person using the service showed us their drum kit and CDs which they had chosen, they knew the singers names and spoke happily about them.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. They told us "We close the door. We prompt them to choose their own clothes. We want them to be doing as much as they can on their own", "[Person] knows how to have a bath and brush their teeth. We help them but let them do it first" and "We make sure the door is closed always so they have their privacy. You talk with them and always engage with them."

Some of the people using the service were unable to verbally communicate with us. However, people's care plans contained information which showed how people communicated and how staff should communicate with them. For example, in one person's care plan it stated 'I communicate frequently using body language such as pointing and gestures. Because of my hearing impairment, I need staff to face me when communicating with me.' During the inspection, we observed staff interacting well with people and spoke with them in ways that people were able to understand. Care workers told us "We use sign language, body language. You can tell by their facial expressions. [Person] smiles when they are happy, they can tell you what they want or how they feel", "I try to be as supportive as I can. It is important to be patient with them" and "Every person is unique and individual."

In the bedroom of a person who was unable to verbally communicate, the registered manager showed us pictures that were displayed of places and activities the person was involved with during the day. The pictures included a picture of the bus they used for transport, a swimming pool and the day centre. This

ensured the person knew what they would be doing and would be at ease when attending their activities.

There were arrangements in place to ensure people were involved in expressing their views. Records showed there had been formal review meetings with people using the service, their relatives and local authority representatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. Records showed positive comments had been received by relatives. Comments included 'Once again, I would like to thank all the staff for their continued support of [person]. I would specifically like to thank [registered manager] who has worked extremely hard in changing the ways of [person]. [Person] is very happy living at Kings Road and enjoys themselves.'

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. They told us "I have no complaints about the service. It is fine!", "[Person] has their choice and they respect it. If [person] doesn't want to go to the day centre and wants to do something else, they don't make him go. They know the routine with [person]."

People received personalised care that was responsive to their needs. Care plans were person-centred and comprehensively detailed the support people needed with all areas of their care. We saw that people's care preferences were reflected in their care plans and information such as the person's habits, daily routine and preferred times to wake up and go to sleep were documented. This demonstrated that the provider and registered manager were aware of people's specific needs and provided appropriate information for all care workers supporting them.

Relatives told us they were involved with people's care where needed and were aware of documentation detailing the care and support people were receiving. One relative told us "I have copies of the care plans and risk assessments. If there are any changes, they will discuss them with me. I visit the home and we discuss things as we go along. We work together."

Throughout the inspection, we noted by observing and speaking to care workers, they were very knowledgeable about people's needs. Care workers were able to tell us about people's personal and individual needs. Records showed there was a handover after each of their shifts and daily records of people's progress were completed each day. Records also showed care plans were reviewed regularly and when a person's needs had changed, the person's care plan had been updated accordingly.

People were supported to take part in activities and maintain links with the community. During the inspection, people went to the day centre and out into the community. We noted staff encouraged people to be involved in activities as much as they were able to, maintain their independence and experience a quality life. For example, for one person, the registered manager had secured courses at the local college in cooking skills, art and design, Moving On [which teaches people skills to look for a job] and Drama. In the person's care plan, we also saw recent certificates awarded by a college for their successful completion of Adult Literacy and Numeracy and Using the Computer courses. During the inspection, the person came back from working at a pet shop which they told us they enjoyed doing.

The registered manager also told us another person went to the pub every other Friday as they enjoyed a 'pint'. The person confirmed this and told us "I like a pint." The registered manager told us "It's about whatever they want."

People were able to visit family and friends, receive visitors and were supported and encouraged with maintaining relationships with family members. Relatives told us "[Person] came home for their birthday and after dinner, [person] told us they wanted to go home, which they meant was Kings Road!" and "As long as they are relaxed which they are here, it makes all the difference."

There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. There were no recorded complaints received about the service. Relatives we spoke with had no complaints or concerns about the service.

Is the service well-led?

Our findings

Relatives spoke positively about the service and the registered manager. They told us "[Registered manager] is very approachable. You can call her anytime", "She lets me know about everything and always updates me" and "[Registered manager] has made a big difference. She is remarkable. What she can do with people has such a positive impact on people. They respond to her really well."

Relative also spoke positively about the provider. They told us "They are always there. Not only for person for me also. They are very supportive" and "I have their numbers. I can contact them anytime. They are very helpful."

Care workers told us there was an open and transparent culture within the home. Care workers told us "The management here make sure everything is always dealt with. We strive to do our best. We are like friends. That is the atmosphere here. I am happy", "The way they handle things, it is excellent and amazing here. They just need to continue as they are. They work at a high standard" and "There is communication here. If there is an issue we always get to know about it."

Care workers were also upbeat about the registered manager and provider. They told us "It is a collective approach here, includes everyone. It is like a family", "[Registered manager] is very lovely and supportive. If we have any problem we can discuss it. It is very open here" and "[Provider] will call you back straight away if there is a problem. I have got their numbers. I feel very supported."

The registered manager told us she was well supported by the provider. She told us "The support system here has been excellent." We found the registered manager to be knowledgeable about people's needs and could tell us in detail about the support each person was receiving, and had developed positive relationships with people. During the inspection, people appeared at ease and comfortable with the registered manager and responded well to her.

During the inspection we observed the registered manager also supported people and demonstrated a 'hands on approach' and led by example. The registered manager also knew about important operational aspects of the service and was keen to develop and improve how the home was being managed. The registered manager told us "We work well with the families. Anything we want to introduce, I call them and we discuss things."

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers spoke positively about the meetings in general and informed us that they were productive. They told us "Everyone contributes. You can say what is progressing or what is lacking. If there is anything we can say it" and "We discuss people's needs and any lack of understanding we have about something. You have your opinion and you can say it."

Systems were in place to monitor the service. Checks were in place by the manager and provider and

records showed any further action that needed to be taken to make improvements to the service were noted and actioned. Checks covered all aspects of the home such as premises, health and safety, medicines, care plans, risk assessments, finances, staff records and training, and care being provided was reviewed. Records showed areas of improvement identified were promptly addressed. Records showed that questionnaires had been sent out to relatives and positive feedback about the service had been received.

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.