

Residential Care Services Limited

Franklyn Lodge The Farm House

Inspection report

Hundred Elms Farm
Off Elms Lane
Sudbury
Middlesex
HA0 2NP

Tel: 02089048282

Website: www.franklynlodge.com

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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 this unannounced inspection on 6 and 7 April 2017.

Franklyn Lodge The Farm House is a care home registered for a maximum of six adults who have a learning disability. At the time of our visit, there were six people living in the home.

At our previous inspection on 9 October 2014, we rated the service as "Good" and there were no breaches of regulations. At this inspection we found the service remained Good.

People who used the service informed us that they were satisfied with the care and services provided. They had been treated with respect and felt safe living in the home. Care workers we spoke with showed an understanding of how to recognise and report allegations of abuse. Risks to people who used the service were assessed and appropriate risk management plans were in place.

Care workers were carefully recruited and staffing levels were adequate. Medicines were managed safely. The premises were clean and tidy and infection control arrangements were in place.

Care workers had been provided with essential training. There were regular staff supervisions. However, some appraisals had not been carried out in the past twelve months. The registered manager and personnel manager informed us that they would be carried out soon.

People who used the service had been provided with support to enable them to have choice and control of their life. Care workers understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Restrictions placed on people had been properly authorised. People's healthcare and nutritional needs had been attended to.

People looked happy and could participate in activities they liked. Care workers were aware of the importance of treating people with respect and ensuring their dignity and privacy were maintained. There were arrangements for ensuring that the care provided was centred on the person who used the service. Reviews by health and social care professionals indicated that people had settled well in the home and were well cared for. The service had a complaints procedure. The service had not received any complaints since our last inspection.

Care workers worked well together. Appropriate policies and procedures were in place. Care records were up to date. Quality assurance checks and audits were seen by us. These ensured that people received a high quality of care.

Further information is in the detailed findings below.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well-led.

Franklyn Lodge The Farm House

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 6 and 7 April 2017 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. The provider completed and returned to us a provider information returns (PIR). This 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.

There were six people living in the home. We spoke with four people who used the service. Two people who used the service had already gone to a day centre when we arrived. We also spoke with the personnel manager, four care workers and a maintenance person. We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms. We obtained further feedback from a social care professional.

We reviewed a range of records about people's care and how the home was managed. These included the care records for five people living there and their medicine administration records (MARs). We examined four staff recruitment records, staff training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

On arrival at the home, the front door of the home was locked and the registered manager opened the door for us. We saw some people who appeared happy going out into the community accompanied by care workers who walked alongside them and talked with them. We observed that people were appropriately dressed and appeared well cared for.

People who used the service told us that they were well treated and care workers were attentive and helpful. One person said, "It's very nice here. I like my bedroom. It's comfortable and clean. I feel safe. There are enough staff. They come when I need help."

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. Care workers had received training in safeguarding people. They could give 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 could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. No safeguarding concerns were notified to us and the local safeguarding team. Care workers informed us that there had been no safeguarding incidents.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with smoking, mental health problems, spitting, other antisocial behaviour and self-neglect. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency. One person smoked outside the home. An appropriate risk assessment was in place and care workers kept the lighter for this person after they lit the cigarette.

Care workers had been carefully recruited. The required checks and documents were in place. The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of six records of staff. We noted that all the records had the necessary documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom.

We looked at the staff rota and discussed staffing levels with the registered manager. On the day of inspection there were a total of six people who used the service. The staffing levels consisted of the registered manager and two care workers and a household staff during the day shift and two care workers on duty during the night shift. Care workers we spoke with told us that there was usually sufficient staff on duty for them to attend to their duties. People informed us that staff took good care of them and they were satisfied with the care provided.

There were suitable arrangements for the recording, storage, administration and disposal of medicines. We checked these and they were satisfactory. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by staff. The home had a system for auditing medicines. This was

carried out by service manager and supporting manager. There was a policy and procedure for the administration of medicines. There were no gaps in the five MARs examined. People we spoke with told us they had been given their medicines. A temporary locked cupboard was used to store some medicines. The registered manager explained that this was because their medicines cupboard was full. He agreed that this would be stopped soon after the inspection.

There was a record of essential maintenance carried out to ensure that people lived in a safe and pleasant environment. Safety inspections had been carried out on the portable appliances and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. There were suitable arrangements for ensuring fire safety which included a fire risk assessment and fire equipment contract. The fire alarm was tested weekly to ensure it was in working condition. A minimum of four fire drills had been carried out within the past twelve months.

We spoke with a maintenance person who stated that they carried out on-going maintenance of the home. Temperatures of hot water were recorded daily.

The premises were clean and no unpleasant odours were noted. The curtains were colourful and hung properly. This ensured that people lived in a pleasant environment. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. A care worker responsible for the laundry was aware that soiled laundry needed to be transported washed at a sufficiently high temperature.

Is the service effective?

Our findings

People using the service indicated to us that care workers were pleasant and had taken good care of them. Three people were able to express themselves verbally. The fourth person expressed themselves via nods and their facial expression. One person who used the service told us that they liked the meals provided. Another said, "The staff cook food for me – nice food."

People's healthcare needs were closely monitored by the service. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP.

There were arrangements in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. To ensure that people received sufficient nutrition, monthly weights of people were recorded in their care records. Care workers were aware that if there were significant variations in weight, they should notify their manager. People told us they were satisfied with the arrangements for meals.

Care workers had been provided with essential training to enable them to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included food hygiene, first aid, equality and diversity, safeguarding adults, health and safety, fire training and the administration of medicines. Care workers we spoke with confirmed that they had received the appropriate training for their role.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. They had signed their induction programme. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. None of the care workers had completed the 'Care Certificate'. We however, noted that their current induction programme covered similar topics. The personnel manager informed us they were in the process of starting all care workers on the 'Care Certificate' later this year. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Care workers said they worked well as a team and received the support they needed. The registered manager had carried out supervision sessions. Care workers confirmed that this took place and we saw evidence of this in the staff records. Some appraisals had not been carried out in the past twelve months. The registered manager and personnel manager informed us that they would be carried out soon. We observed that care workers had their allocated duties such as cleaning the premises and administering medicines. They went about their duties calmly and in an orderly way. Care workers worked well and co-operated with each other.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service had guidance on the MCA and DoLS. The registered manager and care workers knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them. Care records showed people's mental capacity had been assessed in regards to making specific decisions about their daily lifestyles. They and their representatives had been consulted and decisions had been made in their best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager stated that all people who used the service had DoLS authorisations to ensure their safety. We saw evidence of these authorisations from the local authorities involved.

Is the service caring?

Our findings

The service actively promoted a set of values to be followed by care workers for ensuring that people were well cared for. They included ensuring people who used the service had privacy, choice, their rights respected and their independence promoted. These values were placed in the care records of people. Care workers were aware of these values and the service had been able to put them into practice in the home. This was confirmed in our observations and by people we spoke with. During this inspection we saw people were happy. We saw that people smiled and regularly approached care workers to talk with them. Some people shook hands with care workers and some gave hugs to care workers. One person was singing. All people we saw were dressed in clean, smart casual clothes and shoes. Two people proudly pointed to their clothes and shoes and smiled. They appeared to be alert and aware of their surroundings. Care workers were patient, respectful and pleasant towards people who used the service. They interacted regularly with people and people were comfortable speaking with care workers.

People told us that they were well treated and care workers treated them well. We asked a person if they were happy living in the home. This person smiled and nodded their head to indicate they were happy living in the home. When asked if they liked their clothes. This person looked happy and indicated that they did. One person told us that care workers were nice towards them and care workers knocked on their bedroom doors before going in.

We noted that one person was restless and kept approaching a care worker. The care worker responded calmly and spent time talking and reassuring this person. The person concerned responded well and soon calmed down. Care workers told us that they were familiar with the needs of people and knew how to respond to any sudden outbursts by them. One care worker explained to us how they would give people time and offer a drink to one person as they knew it would calm them down. Another care worker stated that a person did not like crowds so they would not go into crowded areas when out in the community.

Care workers said they were aware of the importance of treating people with respect and dignity. They were also able to tell us what they did to ensure people's privacy. They said they would knock on bedroom doors and request permission before entering. They stated that when they provided personal care they would ensure that doors were closed. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering.

There was detailed information in people's care plans about their life history, interests and how to communicate with people. Care workers demonstrated a good understanding of how people communicated and what their needs were. A care worker we spoke with could describe to us what to look for to indicate that a particular person was unhappy or in pain via their body language and noise they made. They said they would also ask this person to write down what they wanted for their meals. This carer was also aware that when the person concerned wanted a particular drink, they would lead the care worker to the kitchen.

Most care workers had worked with most people for many years and knew people's daily routines and their

likes and dislikes. When we discussed the care of a person with a care worker, they demonstrated a good understanding of what the person enjoyed doing. This was confirmed by the person concerned. Another care worker was able to tell us the activities that people participated in and where these activities were held.

Regular weekly meetings had been held so that people could express their views and make suggestions regarding the running of the home. Discussions included what meals and activities people wanted. Further opportunity for people to express their views privately was carried out in weekly one to one sessions with people's keyworkers. The minutes of these sessions were seen by us.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The service had a policy on ensuring equality and valuing diversity. Care workers had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. One person did not eat meat and the service had ensured that a vegetarian diet was provided. Another person was accompanied to church by care workers.

The garden had seating and people were able to access the garden when they wanted. There was a lack of flowers in the garden. The registered manager stated that they would be providing flowers and other plants in the garden. Some areas of the lounge were in need of repainting. The registered manager informed us that the maintenance person was in the process of repainting it.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and staff were responsive to their needs. One person told us that they were happy living in the home. This person also said they liked trains, bus rides and football. We noted that the service had organised bus rides and football sessions for them. A second person said, "I like the activities. The staff take me out. I have been out shopping. We went on holidays last year."

The home provided care which was individualised and person-centred. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. People and their representatives had been consulted and this was evidenced in the care records examined.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. One person had a medical condition which required regular checks and appointments with their doctor. The registered manager stated that this had been done and documented evidence was provided. Another person's care plan showed that they needed to have vegetarian meals. Care workers were aware of this. There was documented confirmation from relatives and receipts to indicate that vegetarian meals had been provided. Another person needed regular blood tests as they had been prescribed medicines which were quite potent. The registered manager was aware of the date when the blood test was due.

Regular reviews of care had been carried out with people and their representatives. Documented evidence of these were provided. We noted from the reports that people had settled well in the home and received the required care. We spoke with one person who informed us that they were happy in the home and they liked their bedroom. The registered manager informed us that another person who smoked a large number of cigarettes had reduced the number smoked since coming to the home. He explained that this was due to encouragement given by care workers. We noted that a healthcare professional had reported that due to improvements made, a person's medicine dosage could be reduced.

The home ensured that there were sufficient activities for people. People we spoke with informed us that there were activities available for them to participate in which they liked. Activities arranged for people included bus trips, walks, visits to community centres, day centres and annual holidays to a holiday centre. On the first day of inspection, activities had been organised for all people who used the service. These included walks, bus trips and attendance at a day centre. On the second day people told us that they were going out to play football and they appeared happy with it. Care workers provided us with pictures and documented evidence of activities that people had participated in. We saw pictures of people dining at a restaurant. One person had received certificates for participating in sports activities.

The home had a complaints procedure and this was on display on the notice board on the ground floor of

the home. No complaints had been recorded since the last inspection. The registered manager told us that none had been received since the last inspection.

Is the service well-led?

Our findings

The service has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

The home had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care plans were up to date and well maintained.

The service had the necessary checks and audits for ensuring quality care. Checks of the home and care arrangements including the medicines, health and safety, hot water temperatures had been carried out by the registered manager. A director of the company carried out monthly audits in areas such as cleanliness, maintenance, staffing arrangements and complaints. The director also spoke with care workers and people who used the service. These audits were seen by us.

The home carried out a satisfaction survey of people who used the service and their relatives in February 2017. The completed forms seen by us indicated that people had been well cared for and treated with respect and dignity.

There was a system for ensuring effective communication among care workers. The home had a communication book which was used for passing on important information such as appointments and duties for care workers. Care workers informed us communication amongst staff was good and there were monthly meetings where they discussed the care of people and the management of the home. The minutes of these meetings were seen by us. Care workers stated that management staff were approachable and listened to their views. Care workers said they had confidence in the way the service was managed. They were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible. We observed that these values were put into practice.

The registered manager informed us that care workers had received some financial rewards in the previous year from the company.

The service kept a record of compliments made by people. They included the following:

"My relatives enjoyed the lunch, cakes and presents. Thank you for making my relatives' birthday special."

"When I visit my relative, my relative is always busy and content. My relative is well liked and looked after."