

## Residential Care Services Limited

# Franklyn Lodge

### Inspection report

58 Kings Road

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Date of inspection visit: 3 December 2014

Date of publication: 06/07/2015

### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

We undertook an unannounced inspection on 3 December 2014 of Franklyn Lodge – 58 Kings Road. This service is registered for a maximum of four adults who have a learning disability. The inspection was carried out by one inspector. At the time of our inspection four people were using the service. Three people were able to understand and communicate verbally. One person was able to understand but could not communicate verbally and would use specific gestures which staff were able to understand and recognise.

At our last inspection on 17 October 2013 the service met the regulations inspected.

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 time of our inspection, the registered manager was temporarily not at the home managing the regulated activities. An interim manager was overseeing the service who was joined at the inspection by two senior managers of the provider.

# Summary of findings

The provider had taken steps to help ensure people were protected from abuse or the risk of abuse because there were clear safeguarding and whistleblowing policies and procedures in place to protect people. Care workers were aware of what action to take if they suspected abuse.

People were not restricted from leaving the home and were encouraged to meet their relatives. We saw evidence that people went out to various activities and people identified as being at risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home.

Positive caring relationships had developed between people who used the service and staff and people were

treated with kindness and compassion. We observed people were very relaxed and were free to come and go as they pleased in the home and were smiling and appeared to be at complete ease.

People received personalised care that was responsive to their needs. People's care plans were person-centred, detailed and specific to each person and their needs and people were consulted and activities reflected people's individual interests, likes and dislikes.

People's religious and cultural needs were accommodated, and people were supported to maintain links with the wider community.

Systems were in place to monitor and improve the quality of the service. There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were safeguarding and whistleblowing policies and procedures in place which staff were familiar with as well being aware of what action to take in response to an allegation of abuse.

The service identified when people were at risk. Comprehensive risk assessments had been completed which were individualised to meet people's personal, behavioural and specific medical needs.

There was enough staff in the home to support people's needs safely. Care workers had worked in the home for a number of years which ensured a good level of consistency in the care provided and familiarity to people who used the service.

Good



### Is the service effective?

The service was effective. People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. People's choice and wishes were respected and adhered to.

People were supported to be involved in decisions about their nutritional and hydration needs and their independence was promoted. People had access to health and medical services when necessary.

Good



### Is the service caring?

The service was caring. One relative told us "It is a lovely home. [Person] gets more care here than they could anywhere else. They definitely meet [person] needs; sometimes they go out of their way to meet [person] needs. They are very thoughtful."

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion.

People were being treated with respect and dignity. Care workers were attentive and provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills.

Good



### Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person and their needs. People's care preferences and routines were clearly reflected in their plan of care.

People's activities reflected their individual interests, likes and dislikes. People were supported to follow their interests, take part in them and maintain links with the wider community.

We found the home had clear procedures for receiving, handling and responding to comments and complaints.

Good



# Summary of findings

## Is the service well-led?

The service was well led. At the time of the inspection, the registered manager was not at the home managing the regulated activities. However the provider had implemented appropriate arrangements and an interim manager was overseeing the service.

The home had a Statement of Purpose, a Service User Charter and handbook which explained some of the values the home were supporting such as principles of good care, promotion of choice, privacy, dignity, fulfilment, independence and people's civil rights

Systems were in place to monitor and improve the quality of the service and manage the health, safety and welfare of people using the service and others.

Good



# 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.

We undertook an unannounced inspection on 3 December 2014 of Franklyn Lodge – 58 Kings Road. Before we visited the home we checked the information that 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. The provider also completed a Provider Information Return (PIR). 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 plan to make. The PIR also provides data about the organisation and service.

Some people who used the service had learning disabilities and could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this, some people communicated with us by using gestures and nods. We observed how the staff interacted with people who used the service and looked at how people were supported during the day and meal times.

We spoke to one relative and two care workers. We also reviewed four care plans, three 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

The provider had taken steps to help ensure people were protected from abuse, or the risk of abuse. There were whistleblowing policies and procedures in place as well as the London safeguarding adults' procedures, "Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse". The contact details of the local authority safeguarding adults' team, social services, emergency duty team and the CQC were accessible to care workers.

Training records showed staff had received training in safeguarding and whistleblowing. When speaking to them, they were able to provide examples of what constituted abuse and how they could identify abuse. Staff were able to explain certain characteristics people they cared for would display which would enable them to know that something was wrong or the person was not happy. Staff were also aware of action to take and told us they would report to their manager and were aware they could report allegations or incidents of abuse to the local authority safeguarding team and the CQC.

We looked at the provider's risk assessment arrangements. Comprehensive risk assessments had been completed and we found they were individualised to people's personal and behavioural needs. Each risk assessment included a plan of action detailing preventative actions that were needed be taken to minimise risks and to help support people. For example, when a person displayed signs of challenging behaviour, guidelines showed the triggers and signs which would cause them discomfort and the social and emotional support required by staff to help people to feel at ease. We found the home had also completed risk assessments for when people went outside the home and were involved in the community.

One relative told us "I can't find fault with anything or anyone. [Person] is very safe."

There were appropriate arrangements for managing people's finances. These were monitored on a weekly basis. Money was accounted for and there were accurate records of financial transactions and the support that people received from care workers with regards to this. Care

workers told us there were always two people when dealing with people's money to make sure everything was accurate and accounted for. One relative told us "They always show me the books and what the money is being spent on. If I ask for any receipt for anything, it will be there."

There were suitable arrangements in place to manage medicines safely and appropriately. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately. We saw monthly medicine audits had been carried out by the provider. Records showed that care workers had received regular medicines training and policies and procedures were in place. There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe.

We asked care workers whether they felt there was enough staff in the home to support people safely, they told us they felt there were enough staff in the home to support people's needs safely. One care worker told us "Yes there are rotas in place. We have a good team and its well run" and "There's enough staff here. I enjoy working here." On the day of the inspection, we observed there were two care workers and the interim manager on duty. We found care workers had worked at the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people who used the service.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for four care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with children and vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

# Is the service effective?

## Our findings

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. One care worker told us “I like it here. It’s a nice place with nice people, “I like working here”.

Records and feedback from care workers showed us that appraisals and spot checks were being conducted and there was a record of regular supervision meetings between staff and the registered manager. One care worker told us “She is a good manager and supportive.”

Care workers told us that they received adequate training to enable them to carry out their roles effectively and that training was always available. We found care workers had completed their induction training and had also received training in areas such as safeguarding adults, deprivation of liberties, moving and handling, mental capacity, fire safety, medication, diabetes, infection control and food hygiene. There was a training plan in place which showed the training care workers had received and were due to receive for the remainder of the year. One care worker told us, “I get the training to do my role.”

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. We saw care plans contained some information about people’s mental state and cognition. Where people were able to make their own choices and decisions about care, they were encouraged to do this and this was documented in their care plans. When people were not able to give verbal consent, records showed the home had involved the person’s relatives to get information about their preferences, care and support and decisions were made in the person’s best interests.

When speaking to the interim manager and the care workers, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to gaining consent. Training records showed that all the care workers had received MCA training. When speaking to care workers about mental capacity and gaining consent one care worker told us “It is about their ability to make a choice and a decision and if they can’t we have to support them to which would include a best interest meeting for that person”.

The CQC monitors the operation of the DoLS which applies to care homes. The home had appropriate policies and procedures were in place. People were not restricted from leaving the home and were encouraged to meet their relatives. We saw evidence that people went out to various activities and people identified at being of risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out. We found the senior managers and interim manager were aware of the recent Supreme Court judgement in respect of DoLS and had started to assess whether any people would need applications for DoLS authorisations. We saw that these assessments were recorded for each person and the provider was liaising with the local authority DoLS lead to ensure that people who used the service were not unlawfully restricted.

People were supported to be involved in decisions about their nutritional and hydration needs. For example by helping to prepare dishes and regular consultation at meetings where people were encourage and prompted to say what food they would like to eat. People’s eating and drinking needs and preferences were recorded in their care plan and records showed people’s weight was being monitored on a monthly basis. The interim manager told us they had a set menu which was discussed at resident meetings but if people wanted something else to eat, then this would be accommodated for and incorporated into the weekly menu. She also told us people liked spicy food and Afro Caribbean food which they ensured was cooked for them every week.

During the evening meal, we observed people were involved and helped set the table and get their drinks. We saw the food was freshly cooked and care workers were patient with people and used gentle prompting. People were not rushed and care workers let people eat at their own pace and provided support when the person requested it. When we asked people to tell us whether they were enjoying the food, one person told us “The food is very good”. Another person pointed to the interim manager and said “She cooks lovely food.”

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. Care plans detailed records of appointments and medicines prescribed by healthcare professionals including GPs, chiropodist, occupational therapists, dentists and

## Is the service effective?

opticians. The records contained information which showed the date and type of appointment, reason for the visit, the outcome and any medication prescribed. One

relative told us “The registered manager or care worker is always there to take [person] to appointments. She always keeps up with their appointments and is on top of things like medication.”



# Is the service caring?

## Our findings

Relatives told us “It is a lovely home. [Person] gets more care here than they could anywhere else. They definitely meets [person] needs, sometimes they go out of their way to meet [person] needs. They are very thoughtful.”

During our inspection we saw that positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. We observed people were very relaxed and were free to come and go as they pleased in the home and were smiling and were at complete ease. One person pointed at one of the senior managers and told us “She is the nicest lady.”

Care workers sat with people, spent time engaging with them in a positive and encouraging manner. One care worker told us “This is their home.” During the inspection we saw one person answered the phone in the home and passed the call over to the interim manager. The interim manager told us they encouraged this to develop the person’s living skills and to involve them in the home.

We saw the home had been decorated for people to enjoy and be involved in with Christmas and a Christmas tree was up in the living room. We observed the interaction between people was pleasant and people were comfortable with the care workers, interim manager and senior managers. When dinner was being cooked in the evening, we saw that people came for dinner in their own time and were not rushed or pressured by the care workers in anyway.

We saw people being treated with respect and dignity. We observed care workers were attentive and provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills. Care workers were patient when supporting people and communicated well with people and explained what they were doing and why. When speaking with care workers about people’s respect and dignity, they had a good understanding and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care One care worker told us “It is about respecting their space, giving them a choice and what they want. It’s their personal space.”

# Is the service responsive?

## Our findings

We looked at the care records of all four people who used the service. We found they were in an easy read format and contained pictures to help people understand more easily.

We found people's care plans contained an introductory section "who am I" which provided information about each person's life and medical background and contained a detailed support plan outlining the support the person needed with various aspects of their daily life such as health, mobility, personal care and hygiene, communication, eating and drinking, mental health and well-being, and community participation.

The care plans were person-centred, detailed and specific to each person and their needs. We saw people's care preferences and routines were clearly reflected for example one person liked to sit at a particular seat at the table and routinely sat there every day. We observed the home accommodated this for the person and it was now known as "[person's] chair." The care plans showed how people's independence was encouraged. They detailed what people were able or not able to do and provided care workers guidelines on the level of support required for each person and when to prompt, encourage, support and assist. The care plans also listed specific body language, gestures, facial expressions and key words a person used to communicate. This demonstrated that the provider and managers of the home were aware of people's specific needs and provided appropriate information for all care workers supporting them. One relative told us "Since [person] has been at this home, I have noticed a positive change on what [person] is able to do and in their confidence in talking and trying to do things."

When speaking with care workers, they were able to tell us about each person's personal and individual needs. They were also able to tell us how a person would let them know whether they were in pain, needed to go to the toilet or if they were hungry by using specific gestures and key words. When speaking about one person, a care worker told us "You can tell by [person] facial expressions. And then I ask and they tell me in their own way by body gestures and pointing."

We found people were consulted and activities reflected people's individual interests, likes and dislikes. People were supported to follow their interests, take part in them and

maintain links with the wider community. One relative told us "As well as their formal activities, the registered manager also always ensures she takes them out and gets them out into the community."

During the inspection, people who used the service returned from the day centre. We saw people were happy and expressed with enthusiasm what they had done during their day. One person told us "I've been to the day centre" and showed us their birthday card which they had received from the day centre. The senior manager explained to us they had a small party at the day centre to celebrate the person's birthday. Another person told us "I like to play dominoes, swimming and going to the pub. Thursday I have a haircut". The person turned to the interim manager and asked "Thursday, I have a haircut, will you take me?" We observed the interim manager provided reassurance to the person that they would be taken to get their hair cut and it wouldn't be forgotten.

Relatives told us "The home always have events for people like birthday and Christmas parties and everybody, friends and family are invited too. Even if [person] comes home to the family and celebrates, they always make sure they celebrate in the home with the other residents too. Any event they celebrate, it's always about them They make it their night. They make such a fuss and their attention to detail is all about them." One person who used the service told they liked to play the drums and we saw there was a drum set in their room which they could play. Another person told us they played the harmonica and during the inspection, the person showed us their harmonica and played us a tune. We observed the interim manager and care workers encouraged this and listened attentively and applauded once they had finished playing.

There were regular consultations and meetings with the people who used the service which gave them the opportunity to discuss any issues or concerns they had and if they had any complaints they wished to make. People were encouraged to say what they liked and did not like. We found regular reviews were being held between people who used the service, their family or representatives, the registered manager, director of services and healthcare professionals where aspects of people's care were discussed and any changes actioned if required. One relative told us "We have regular reviews. Anything we bring up, they work on it."

## Is the service responsive?

Every person in the home had a keyworker and monthly keyworker meetings that took place. Records showed that issues that mattered to people were discussed such as holidays, shopping, fire alarm testing, Christmas party and visiting relatives. Care workers also told us there was a handover after each of their shifts and a communication book was completed by care workers every day which detailed the needs of people and the care which had been provided.

There were clear procedures for receiving, handling and responding to comments and complaints. When speaking to care workers, they showed awareness of the policies and said they were confident to approach the manager. Care

workers felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. One relative told us “The registered manager is very approachable. I can tell her anything and she deals with things immediately.”

We saw a copy of the complaints procedure was easily accessible to people who used the service. We found information was contained in people’s care plans detailing how to make a complaint and who they could contact. This information was presented in an easy to read format and contained pictures to help people to understand this information easily. At the time of the inspection, one complaint had been received and was being investigated.

# Is the service well-led?

## Our findings

The interim manager told us she was well supported with this role and things were going well at the home. She also told us the senior managers and the provider was always on hand if she needed anything and visited the home every week.

In people's care plans we saw there was a service user guide who detailed how the home was run, how the care was provided and how they assured quality care. There was a Statement of Purpose, a service user charter and handbook which explained some of the values the home were supporting such as principles of good care, promotion of choice, privacy, dignity, fulfilment, independence and peoples civil rights. We found they were in an easy read format and contained pictures to help people understand more easily. One care worker told us "People are treated and looked after as human beings. They [provider] genuinely cares" and "The registered manager is good, teaches me what to do and how to look after people."

Care workers also spoke positively about the culture and management within the home. One care worker told us "They treat everyone the same and are very approachable" and "The doors are open and they are ready to listen to me." Records also showed senior executive meetings took place which the manager attended alongside the provider, the managers of other homes and the directors in which they discussed the service, any issues which needed to be addressed and if there needed to be any improvements with the quality of care being provided, these were actioned promptly.

Relatives told us "The registered manager is excellent. I have noticed a very positive change within the home since she has been managing it." And "I have a very good relationship with the provider and senior manager. They are very helpful and always ask me if there is anything I have to say or am concerned about."

Monthly staff meetings were held and minutes of these meetings showed aspects of care were discussed and staff had the opportunity to share good practice and discuss any concerns. One care worker told us "It gives everyone a chance to raise anything they want."

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed monthly checks were being carried out by the provider and reports had been produced which detailed outcomes and any further action that needed to be taken to make improvements to the service which were actioned promptly. We found checks were extensive and covered all aspects of the home and care being provided such as premises, health and safety, medication, records, finances, staff records and supervisions. We found regular care audit forms were being completed by the registered manager every six months which showed care plans and risk assessments had been reviewed and kept up to date which demonstrated people's care needs was being monitored which helped ensure people were receiving the appropriate care they needed.

There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the homes water supply and maintenance checks. The home also had a repair maintenance book which was completed by care workers when something was in need for repair. Service records were up to date. Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. Fire drills had been carried out, testing of the fire alarm and equipment was completed every two weeks by the manager. Records showed that any improvements identified were acted upon accordingly and actioned promptly to ensure people's safety and welfare was maintained.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.