Care Quality Commission

Residential Care Services Limited

Franklyn Lodge 9 Grand Avenue

Inspection report

9 Grand Avenue
Wembley
Middlesex
HA9 6LS

Tel: 02089023070
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 an announced inspection on 1 August 2017 of Franklyn Lodge 9 Grand Avenue. Franklyn Lodge 9 Grand Avenue is a small care home registered for a maximum of six adults who have learning disabilities. At the time of this inspection, there were five 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.

During the inspection, the registered manager was not available. However the home was being managed by the acting deputy manager. The acting deputy manager was being supported by the provider who regularly visited the home.

At the last inspection on 12 June 2015 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). Capacity.

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 was safe. Relatives we spoke with told us they were confident that their family members were safe.

Risks to people were identified and managed so that people were safe.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service. So only suitable staff were employed to provide people with care and support.

Is the service effective?

Good

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring. Relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of people's care had been conducted with people using the service and relatives

Is the service responsive?

Good

The service was responsive. Care plans were person centred and included information about people's individual needs and choices.

There were arrangements in place for people's needs to be

regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good

The service was well-led. Relatives told us that management were approachable.

Staff were supported by management and told us they felt able to have open and transparent discussions about the service with them.

The quality of the service was monitored. There were systems in place to make necessary improvements.

Care Quality Commission

Franklyn Lodge 9 Grand Avenue

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.

The provider was given 24 hours' notice because the location was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in.

There were five people using the service. All the people had learning disabilities and 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 two care workers, the acting deputy manager and the provider. 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.

Good

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 safe. Staff are always there" and "No complaint, [Person] is happy there."

Records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse and whistleblowing procedures. They told us "You can see if their mood changes or by their actions, you know something is wrong. I always check for bruises. I will report it to the manager and the provider. I am also aware of whistleblowing" and "No matter how minor, we record it and report it."

At the last inspection, we noted risk assessments contained limited information about people's risks. During this inspection, we found risk assessments had been updated to contain more details about the management of people's risks in areas such as mobility, choking and being out in the community. Proactive strategies were in place for people, who at times, may display behaviour that challenged the service.

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. Staff received training and medicines policies were in place. 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.

Medicines competency assessments were not in place to ensure care workers were assessed as competent to support people with their medicines. The provider told us they would ensure medicine competency assessments were completed. The provider told us they carried out unannounced medicines spot checks at the home to ensure staff were aware of what they needed to do and to identify areas that could be improved. The acting deputy manager confirmed this and spoke positively of the learning from the spot checks undertaken.

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 monies. Where needed, family members supported people with their finances. Records showed people's money was accounted for and there were records of financial transactions. The registered manager had conducted regular checks and signed off the balances to evidence they were correct.

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. We

saw that people were comfortable around staff. At the last inspection, we noted there was a number of agency staff working for the home. During this inspection, we found an additional permanent member of staff had been recruited. The service did use agency staff, however the provider told us they used regular agency staff to ensure consistency with people's care. Staff members confirmed this and told us all the staff worked well together. One care worker told us "We work hand in hand. We work together. There is enough staff. The agency staff are regular."

Health and safety checks were completed to ensure the home was maintained and any risks to people's health and safety were identified and addressed. The provider told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. Records showed daily checks of water temperatures were being conducted. Fire, gas, electric checks and legionnaires testing had been completed. Accidents and incidents were recorded and appropriate action had been taken in response to them.

Good

Is the service effective?

Our findings

Relatives spoke positively about the staff. They told us "I feel they are doing a good job in looking after [Person]" and "Staff are friendly and they understand [Person]."

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. Records also showed the service trained the agency staff to ensure all staff working at the home were suitably competent and were able to appropriately meet the needs of people using the service. One of the agency staff told us "I train with the staff here and this has helped me and improved how I can support people."

Care workers spoke positively about working in the home. They told us "Yes I do like working here", "Yes I do enjoy working here. There is good teamwork" and "Yes we get regular training. It does help us and gives light on what we do on an everyday basis. We learn about things that keep changing. Really educational. Very good."

Care workers also told us they were supported very well by management staff, they told us "When I started, [The registered manager] always asked me how I was. I can talk to her and really discuss anything" and "We have so many people here who support us. Other managers come in to see if we are okay. They always ask if we are okay."

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 had involved the 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 that demonstrated they were supported to access health and medical services when necessary.

People were supported with their nutrition and hydration needs. We observed food was freshly cooked for people. The acting deputy manager told us there was a weekly menu in place based on what people enjoyed. However, when people did not want what was on the menu, alternative meals were provided. Daily logs were completed detailing what people had eaten each day.

On the day of the inspection, we found the premises were clean and tidy. Maintenance checks of the home were conducted to ensure fixtures and fittings were completed. However, the appearance of the home was dated and tired looking. There were no bright colours or pictures. There was a lack of natural light upstairs and the walls and people's bedroom doors were painted beige. The home is an old home and wear and tear

of the premises was visible. The provider told us they would ensure this was addressed.

Good

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. They told us "They look after [Person]"; "They [staff] know [Person] very well" and "Always looked after [Person]. They care for [Person] okay."

During the inspection, we observed care workers and the acting deputy manager engaged with people in a positive manner and were present to ensure that people were alright and their needs attended to.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. They told us "You knock on the door. Ask how they are. You prompt and encourage them. Ask and explain what you are doing step by step. I put [Person's] robe on and make sure they are fully covered" and "You let them do what they can do and ask them are they are okay with what I am doing."

When speaking with care workers, they spoke about people in a caring manner and were knowledgeable about people's needs. They told us "They are individuals with their own choices. You take them as they are", "You see them smile and it makes your day" and "[Person] likes to have their hair done and even gives you the clips they want to wear. [Person] really likes it."

People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. All bedrooms were for single occupancy. People were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, to assist people to feel at home.

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. During the inspection, we observed staff interacting well with people and spoke with them in ways that people were able to understand.

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. Relatives told us "They keep me informed" and "They listen and take action."

Good

Is the service responsive?

Our findings

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.

The service was responsive to people's needs which resulted in positive outcomes with their care. For example, one person using the service could, at times, display behaviours that challenged the service. During this inspection, we found the person was much calmer than at our previous visit, and their bedroom was more personalised with furnishings that met their individual needs and preferences and minimised their risk of harm. Staff told us they had worked really hard together and the person to ensure the person received appropriate support. A care worker told us "We were able do this through teamwork and hard work. We endured and didn't give up on [Person]." Relatives spoken to also confirmed the person was a lot calmer than before.

Records showed after visiting a healthcare professional, behavioural guidelines were drawn up which showed the support the person would need. We found the service had acted on these. For example, risk assessments had been updated in the specific areas identified by the healthcare professional. These reflected how staff were to support and minimise the risks to the person when they displayed specific behaviours. The guidelines also stated that staff needed to learn Makaton [A language programme using signs and symbol to help people communicate] and ensure the person knew what they are going to do during the day as not knowing triggered specific behaviours. When we spoke with staff, they were able to tell us how this was put into practice for the person. They told us "I am learning Makaton which we use with [Person] and is helping. For example when we sign two fingers on the shoulder, [Person] knows it's time to go to the toilet. There is also a sign to put on their coat and point to their shoes and [Person] then knows they are going to the day centre."

We found care workers had received challenging behaviour training and were knowledgeable about how to settle people using proactive strategies. For example, one care worker told us "Sometimes [Person] can throw things, you talk to them quietly, offer a drink. [Person] likes biscuits and this also helps. Another person, settles very quickly but you need to give them some space and then they will calm down."

When speaking with care workers, they were able to tell us about people's personal and individual needs. Care workers also told us that there was a handover after each of their shifts and daily records of people's progress were completed each day. One care worker told us "I read the care plans. You get to know what people like and don't like."

People were supported to take part in activities and maintain links with the community. During the inspection, four people attended a day centre and one person spent time out in the community. The

provider told us they had arranged days out for people using the service and they had planned to go to places such as a beach.

People were able to visit family and friends, receive visitors and were supported and encouraged with maintaining relationships with family members.

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.

Good

Is the service well-led?

Our findings

When speaking with relatives, they spoke positively about the service and the management staff. They told us [Registered manager] is approachable. If there are any concerns, we can speak to them about it", "It's all positive" and "I am quite happy with them."

During this inspection, the registered manager was not available and had not been at the service. We had been informed of the reasons for their absence. However we found the provider, ensured there were appropriate arrangements in place to ensure the absence of the registered manager did not have an effect on the running of the service and people using the service did not experience any disruption to their daily routines and care. The provider told us they put a system in place and allocated staff certain responsibilities so all the staff knew what they needed to do and they [staff] had done well.

An acting deputy manager was in place who oversaw the day to day management of the home. The provider told us they were supporting the acting deputy manager and visited the home two to three times a week to ensure there were no issues, and any matters needing attention could be resolved promptly.

Care workers confirmed this and spoke positively about the support they received from management staff at this time. They told us "We have worked more as a team. We all work together to ensure everything is right", "Everything is fine. [Acting deputy manager] is a good team worker. Definitely can speak with him and have a chat", "He is good listener and does support me" and "[Provider] are always supportive. They come and check we are okay. They have been very good and they check everything. Whenever you call, they will always respond even if it is late."

The staff spoke positively about the provider in general and told us they were very much supported by them. The acting deputy manager told us "I am very well supported by the provider and am learning new things as an acting deputy manager. Things I never knew had to be done; I am doing them but learning why it needs be done. It can be challenging but I like challenges. It's good".

One care worker told us "[Provider] is my role model. She listens, you can freely discuss. She puts you in the right direction. She always encourages and says 'talk to me' She is hard working and makes sure everything is in place."

Care workers spoke positively about the open and transparent culture within the home. 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. A care worker told us "They are doing their best and doing well with us. They always tell us how and why there are any changes. They explain it to us. It is fair."

Systems were in place to monitor the service. Checks were carried out by the manager and provider and records showed any action that needed to be taken to make improvements to the service were noted and actioned. Checks covered all aspects of the home and care being provided was reviewed such as premises,

health and safety, medicines, care plans, risk assessments, finances, staff records and training. 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.