

## Residential Care Services Limited

# Franklyn Lodge

### Inspection report

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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 24 May 2017 of Franklyn Lodge, 71A District Road. Franklyn Lodge, 71A District Road is registered for a maximum of three adults who have a learning disability. At the time of this inspection, there were three people using the service.

Since the last inspection, the registered manager had left. The home was being managed and supported by a new manager and the provider. The provider told us that an application to register the manager with us would be submitted after completion of a successful probationary period.

At the last inspection on 1 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 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 meetings had been conducted with relatives in which aspects of their care was discussed.

### 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.

# 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 three 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 the provider, manager and one care worker. We reviewed three people's care plans, four 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. A relative told us "I have no worries."

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.

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, personal care and checking of water temperatures to minimise the risk of scalding.

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 manager told us that only he and the senior care workers administered the medicines but 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. A trustee was in place for one person using the service and family members assisted another person with their finances. The manager told us they currently managed the finances for one person but they were liaising with the local authority for them to take over this responsibility.

Records showed people's money was accounted for and there were records of financial transactions. The registered manager conducted monthly 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 or under any pressure. We saw that people were comfortable around staff. The service did use agency staff however, the manager told us they used regular agency staff to ensure consistency with people's care.

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 manager told us the water temperature was

controlled to ensure the water temperature did not exceed the recommended safe water temperatures. Fire, gas and electric checks had been completed. Accidents and incidents were recorded.



## Is the service effective?

### Our findings

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 enjoy working here and ensuring people are happy, that's our priority. We have to provide an atmosphere that is protective and safe for people" and "There is good teamwork. There is a good handover. We support each other, it works out well."

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 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

People were supported with their nutrition and hydration needs. We saw that drinks and snacks were always available throughout the day. We observed food was freshly cooked for people. The manager told us there was a weekly menu in place based on what people enjoyed. However if people did not want what was on the menu, alternative meals were accommodated for. 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 with no offensive odours. Records showed daily checks were completed including daily water temperatures, window restrictors and cleaning tasks completed. The premises had been adapted according to people's needs and preferences. One person had a call bell installed in their bedroom so they were able to call for assistance when needed. The bathroom had a walk in bath so people with mobility issues could use the bathroom with ease. The manager showed us a new carpet had been fitted and new sofa and chairs were bought. However we noted some areas of the home were in need of repair and cleaning. The taps in the bathroom were loose and needed fixing. Cupboards were chipped in the living room and the kitchen. The cupboard in which the condiments were stored was sticky to touch due to grime and needed cleaning. We discussed this with the manager who told us he would ensure these areas were addressed.

## Is the service caring?

### Our findings

Relatives spoke positively about the way people were looked after. They told us "The staff are okay. [Person] is kept clean. [Person] likes to be clean."

People using the service have been living at the home for a number of years. We observed care workers and the manager engaged with people in a positive manner and showed interest in people 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.

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 including speaking Hindi as this was a person's preference and made it easier for them to communicate their needs effectively. The care worker told us they had learnt specific words in the person's language to enable them to communicate more effectively with the person and ensure the person was comfortable with them also. The care worker also told us "I observe [person's] expression, emotions, gestures, their body language. [Person] also points when they want something."

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.

## 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 needed to take certain medication as they could, at times, display behaviours that challenged the service. The manager told us the person would normally sleep very well at night but was still prescribed medicines at night for their behaviour needs. Records showed this had been reviewed with the psychiatrist which resulted in a reduction of the prescribed night medicines.

Records also showed when a person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required. For example a person's care plan had been updated to reflect their change in needs after a fall and occupational therapist assessment. Records showed the person now needed two people for transfers and we observed this took place during the inspection. A falls and moving and handling risk assessment was also in place to ensure risks to the person regarding their mobility were minimised.

When speaking with care workers, they were able to tell us about people's personal and individual needs. Care workers also told us there was a handover after each of their shifts and daily records of people's progress were completed each day

People were supported to take part in activities and maintain links with community. During the inspection, two people were at day centre and one person was at home.

At the last inspection, we observed a person was not being mentally stimulated and there was a lack of interaction with this person. During this inspection, we observed the manager had developed a good rapport with the person and interacted well with the person. The manager told us the person liked to go for short walks and would sometimes go to the shop with him or play cards. The manager told us it still was very difficult to persuade the person to go out for longer periods in the community but they were trying. Records showed staff would prompt the person to visit the day centre but the person did not wish to do so. The service had developed a weekly activities planner for the person and activities the person engaged with were documented. During the inspection, family members also came to see the person and told us "The new manager is good. [Person] goes out with him. The new manager is trying to get [person] involved in activities."

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] goes to the centre every day, I'm

pleased with that" and "They celebrated [person's] birthday. [Person] also went on holiday to Butlin's and they enjoyed it."

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

When speaking with relatives, they spoke positively about the service and the manager. They told "He is a nice man. Seems nice and is very polite."

Since the last inspection, the registered manager had left. The home was being managed and supported by the manager and provider. The manager told us he had been at the home for three months and everything was going well. He told us "We are doing everything for people's safety. That's what we are here for. We have to be transparent in everything we do."

The manager told us he was well supported by the provider. He told us "They have been fantastic and I can call them anytime. They always communicate well with me and you can get things done." Records showed regular supervision sessions had taken place between the provider and manager to review performance and ensure the home was being managed effectively. Records showed areas discussed included people using the service and their needs, appointments, activities, finances, staffing and training.

We found the manager to be knowledgeable about people's needs. He could tell us in detail about the support each person was receiving and developed positive relationships with people. During the inspection, people appeared at ease and comfortable with the manager. People responded well to the manager. He also knew about important operational aspects of the service and was keen to develop on and improve how the home was being managed.

Care workers spoke positively about the registered manager and the open and transparent culture within the home. Care workers told us "He is good as a manager and approachable. He carries everyone on board with him", "He updates the communication book so we are kept updated, there is transparency here" and "Anything, we communicate it always. We communicate to the manager, provider, relatives, everyone! We don't hide anything and are as transparent as we can."

Care workers also spoke positively about the provider and told us "They are happy to help you. We have got their numbers and we can speak openly." 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.

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 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.