Franklin Care Group Limited

# Franklin House Limited

## Inspection report

Franklin House
Franklin Street
Oldham
OL1 2DP

Tel: 0161787870

Date of inspection visit:
19 December 2018
20 December 2018

Date of publication:
18 January 2019

## 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

Franklin House is a care home that provides 24-hour residential care for up to 38 people. At the time of our inspection there were 38 people living there. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Franklin House is situated in the centre of Oldham. The home, which is single storey, has single room accommodation, all with en-suite facilities. There is a large, well-maintained enclosed garden, with shrubs, trees, garden furniture and a summer house.

This was an unannounced inspection which took place on 19 and 20 December 2018. The CQC last inspected Franklin House in June 2016, when the service was rated as 'Good', overall. Since then, the service had been sold. This was the first CQC inspection of the service under its new ownership.

The service had an experienced registered manager, who had been in their post for over five years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The building was secure, clean and well maintained. The communal lounge/dining room was nicely decorated and there was a large attractive garden. There were effective infection control and prevention measures within the service. Checks and servicing of equipment, such as for the gas, electricity and fire-fighting equipment were up-to-date.

There were systems in place to help safeguard people from abuse. Staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out on all staff to ensure they were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to provide people with the support they needed.

A safe system of medicines management was in place. Medicines were stored securely and records showed that staff received training and competency assessments before they were permitted to administer medicines.

Risk assessments had been completed. These helped identify if people were at risk from everyday hazards, such as falls. Where risks had been identified, there were plans in place to guide staff so that people were kept safe.

People were supported by a stable staff team, who knew the residents well. New staff received an induction to the service and the training matrix showed that all staff had completed recent training in a range of

topics. This helped them to maintain their knowledge and competence. Management carried out regular supervision and observation of staff. This ensured the standard of their work was monitored and gave them the opportunity to raise any concerns or worries.

Staff encouraged people to make choices where they were able. People's independence was encouraged and promoted. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Care staff at Franklin House monitored people's health. Where specific healthcare needs were identified, the service liaised with health care professionals for specialist advice and support. People were supported to eat a well-balanced diet and were offered a choice and variety of good quality, home-cooked meals. People were encouraged to provide feedback about the service through residents' meetings. There was an 'open door' management approach, which ensured any concerns people had about the service were dealt with promptly.

People who used the service and relatives were complimentary about the staff and management team. Staff interacted with people in a kind, caring and patient way, and respected their privacy and dignity. Activities were provided. Where people were unable to take part in group social events, staff and the activities coordinator spent time with people on an individual basis.

The management team provided good leadership of the service and was committed to maintaining and improving standards. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

## 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.

Safe recruitment processes were followed and staff understood how to keep people safe from harm.

There were systems in place for the safe management of medicines.

The home was clean and well-maintained. Equipment was regularly checked and serviced.

### Is the service effective?

Good

The service was effective.

Staff received an induction, regular training and supervision.

Staff helped people make choices about their everyday routines. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their nutrition, health and well-being. Staff worked with other health care professionals to meet people's health needs.

### Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People had their dignity, privacy and independence respected.

### Is the service responsive?

Good

The service was responsive.

People were supported by staff who were responsive to their needs. Care plans were detailed and person-centred.

There was a complaints procedure for people to voice their concerns.

People were supported to take part in activities which were suited to their capabilities.

## Is the service well-led?

Good

The service was well-led.

All the people and staff we spoke with were positive about the management of the home.

Systems were in place to assess and monitor the quality of the service.

# Franklin House Limited

**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. The 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 to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 19 and 20 December, 2018. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service, to help us plan our inspection. This included the inspection report from our last inspection in June 2016 and statutory notifications the CQC had received from the provider. Notifications provide information on changes, events or incidents that the provider is legally obliged to send to us without delay.

During our visit we spoke with the registered manager, one of the home owners and two care staff. We talked with three people who used the service and three relatives. We also observed how staff interacted and spoke with people. We looked around the home, checking on the condition of the communal areas, toilets and bathrooms, laundry and kitchen. On the first day of our inspection we observed lunch being served.

As part of the inspection we looked in detail at four sets of care records. These included care plans and risk assessments. We reviewed the medicine administration records (MARs) for everyone living at the home. We also looked at other information about the service, including training and supervision records, three staff personnel files, audits, maintenance and servicing records.

Good

# Is the service safe?

## Our findings

The service had procedures in place to protect people from abuse and unsafe care. For example, the telephone number people should use to make a referral to the local authority safeguarding team, was prominently displayed. Records confirmed that the registered manager had reported concerns promptly and liaised appropriately with the local authority safeguarding team. Staff had received training and knew what action to take if they became aware of, or suspected a safeguarding issue. People told us they felt safe living at Franklin House. One person said, "The staff bend over backwards to help you." A relative told us, "You can't fault the staff and management."

We found there was a safe system of recruitment, as all necessary checks were completed before staff started working at the home. Staff files contained the required documentation, including references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions as they identify if a person has had any criminal convictions or cautions. However, one staff member's application form showed a 10-year gap in their employment history, without any explanation. We brought this to the attention of the registered manager, who took immediate steps and confirmed with the employee the reason for their absence from employment. Employers are required to obtain a full employment history from prospective staff.

There were sufficient staff to keep people safe and meet their needs. The majority of people spent their day in the large communal lounge, where there were always staff available to provide any support they required. Gaps in the weekly rotas due to sickness or staff leave were usually filled by the regular care team, although occasionally agency staff were employed to work at night. Relatives commented that staff sometimes appeared 'stretched' in their work. During our inspection we saw that staff were busy, particularly at certain times of the day, such as meal times. However, there were enough staff to respond to peoples' requests for assistance, in an unhurried and patient manner.

The home was well maintained, clean and free from any unpleasant odours. Good standards of hygiene and cleanliness were evident throughout. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and hand washing posters showing the correct hand washing method were prominently displayed. Staff used personal protective equipment, such as disposable gloves and aprons, when dealing with personal hygiene or serving food. These measures help prevent the spread of infection. The home had scored 98% in a local authority infection control audit, carried out in May 2018. It had also achieved the local authority 'Certificate of Excellence' award in infection prevention and control, during 2018.

People were protected from the risk of fire. Frequent checks of fire exits, the fire alarm and emergency lighting were carried out and staff took part in regular fire drills. The annual service of the fire extinguishers, fire alarm and emergency lighting had been completed. There were personal emergency evacuation plans (PEEPs) for people who used the service. These explained the support they would need to leave the building safely in an emergency.

All safety checks and servicing, including of the gas boiler, hoists, electrical installation, legionella, and

portable appliance testing had been carried out. This helped to ensure the building and equipment were safe.

Care records contained risk assessments which were relevant to each person and specified actions required by staff to help reduce the risk. Risk assessments, which included those for falls, mobility and pressure ulcers, were reviewed monthly.

Medicines were stored and administered safely. Medicines were kept in a locked trolley within a locked treatment room. Controlled drugs were correctly stored in a locked cabinet within the treatment room. Controlled drugs are prescription medicines controlled under the Misuse of Drug legislation, such as morphine, which require stricter controls to be applied to prevent them from being misused, obtained illegally and causing harm. The temperature of the treatment room and medicine fridge had been checked daily to ensure that medicines were stored at the correct temperature. Everyone prescribed medicines had a medicines administration record (MAR). We checked all the MARs and found they had been completed accurately. The appropriate documentation (prn protocol) was in place for people who received medicines 'when required', such as pain relief. Staff had completed medicines training and had their competency checked before they were allowed to administer medicines.

Good

# Is the service effective?

## Our findings

The service supported staff to access training and there was a training matrix to show when people had completed courses, or required refresher training to keep their knowledge up to date. The service had recently revised its education programme so that most training was now completed through e-learning courses and tests, rather than through DVDs, as had previously been the case. Staff told us they found the new system more straightforward to use. The training matrix showed that staff had completed training in a range of topics, including moving and handling, fire safety, first aid and infection control. This meant people were supported by staff who had up-to-date skills and knowledge.

All new staff received an induction to the service, which included mandatory training, information about policies and procedures and their role and responsibilities. Staff received regular supervision. This took the form of individual supervision meetings and observation of their practise. For example, the registered manager observed staff carrying out personal care, medicines administration and moving and handling. This helped to ensure staff maintained a high standard of care.

People were supported to eat a varied diet. The service operated a three-weekly menu plan, which was discussed at residents' meetings, to ensure people were happy with the food. People could have a cooked breakfast if they wished and snacks and drinks were provided between meals. We observed lunch on the first day of our inspection. Most people sat at the dining tables for their meal. These were laid with table clothes and cutlery. People were given a choice of food, which looked hot and appetising, with appropriate sized portions. Salt, pepper and sauces were offered and people were given the choice of a hot or cold drink to accompany their meal. The atmosphere during the meal was calm and well-organised, with sufficient staff to help people who needed assistance.

People were weighed weekly and a MUST (Malnutrition Universal Screening Tool) score calculated. This tool helps identify adults who are at risk of malnutrition and provides guidance to ensure adequate nutrition. Where people had lost weight, they had been referred to a dietician for specialist advice and action taken by care staff to fortify their meals with a nutritional supplement to help provide additional calories and nutrients.

People's health needs were monitored and when necessary advice was sought from healthcare professionals, such as GPs, district nurses and dieticians. The home had recently signed up to take part in a new initiative to promote good oral health.

During our inspection we looked around the home to see how it was decorated and furnished and to check if it was suitably adapted for the people living there. The home was light, with lots of windows, which looked out onto a large, well-maintained enclosed garden. The accommodation was at ground level and corridors were wide, which meant there was ample space for manoeuvring wheelchairs and hoists. The large communal living space was divided into a dining area and a lounge area, with a television and easy chairs and there was additional comfortable seating in the reception area. A pleasant 'family room', furnished with sofas, a television, radio and tea and coffee making facilities provided a quiet space for families to use. A

mattress was available if relatives needed to stay overnight.

The Mental Capacity Act 2005 (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 lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Care staff were aware of the importance of asking people for consent before undertaking any care and during our inspection we saw that this practise was always followed. For example, we saw staff asked people if they would like to wear a clothes protector while they ate their meals. Staff ensured people were given choices. For example, during lunch, people were asked what table they would like to sit at and if they would like their food cut up. From reviewing the care records, we saw that assessments for people's capacity had been completed. These related to specific decisions, such as, for personal care and medicines.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Records showed relevant DoLS applications had been submitted to the local authority for authorisation.

Good

# Is the service caring?

## Our findings

People who used the service and relatives spoke highly of Franklin House, and its staff. One relative told us, "They go the extra mile." Other comments we received included, "If anything goes wrong they will help you"; "They always have time for you" and "They are very kind and gentle."

Staff were patient with people during care tasks, such as assisting with mobility. On several occasions during our inspection we saw people being moved with the assistance of a hoist, and found this was carried out carefully and considerately. We saw one care assistant helping a person to lower themselves into their chair. They gently supported their arm and encouraged them by saying, 'Well done', once they were seated.

Staff were attentive to people's needs and comfort. For example, after lunch we overheard a care assistant ask someone, "Are you tired? Would you like to go and have a lie down?" We saw one care assistant, who was sitting holding someone's hand, ask them if they were warm enough. They then went and got them a cardigan. Another time we heard a member of staff say, "If you need anything, give me a shout." Staff were respectful in their approach and treated people with dignity. During the inspection we observed staff knocking on people's doors before entering their room and staff we spoke with could give examples of how they promoted dignity and privacy when caring for people's personal care needs. The registered manager regularly carried out observations of staff to ensure they treated all residents with dignity and respect.

People were helped to be independent, but staff provided support when it was needed. For example, people were provided with adapted cutlery so that they could feed themselves, rather than having to rely on staff to help them. One person was encouraged and supported to go out on their own to the local shops.

Staff spoke with people in a professional and friendly manner and called people by their preferred names. Through our observations, and from talking to staff, we found that they knew people well, and were aware of their likes and dislikes. Where people were unable to communicate verbally, we saw that staff anticipated their needs or could gauge what people wanted through observing their body language or gestures.

The service held residents' meetings every few months, where people were given the opportunity to discuss the menu and plan activities and day trips.

People's right to confidentiality was protected. Care files, staff personnel files and other personal documents were stored securely. This meant that the service was working to ensure people's personal information was kept safe and secure.

Good

# Is the service responsive?

## Our findings

People who wished to move into Franklin House had their needs assessed to ensure the service could provide the correct level of support for them. We found the registered manager and care staff were knowledgeable about people's needs. We reviewed four sets of care records. Since our last inspection in June 2016 the service had introduced electronic care records, although paper versions were still available. Care plans contained information on a range of aspects of people's support needs, including mobility, personal care and nutrition. These were reviewed regularly and amended if there had been any changes in the level of support required. Where people required regular monitoring, charts were in place to record the actions staff had taken. For example, turn charts were used when people needed to have their position changed to reduce the risk of pressure ulcers, and nutrition charts were used to monitor the amount of food people ate. Care staff inputted information into the electronic system via password protected laptops.

The service ensured there was good communication between staff by having a 'handover' at the beginning of each shift. Handover meetings keep staff up-to-date about people's health and well-being and inform them of any changes. Relatives told us they were kept informed if there were any changes to their loved one's health and that communication between staff and families was good.

The service had taken some steps to help people with difficulties with communication and comprehension. For example, the menu board displayed the day's food choices in words and pictures and some documentation, such as the 'Service User Guide' was available in a large print format. The activities coordinator told us that enlarged print bingo cards were available for the visually impaired.

We looked at the provision of activities, which was coordinated by a part-time activities coordinator. They told us that, rather than having a regular activities plan, they decided on the day what activities to offer. This was because people had different moods, behaviours and capabilities. During our inspection the activities coordinator spent time with people on an individual basis. For example, on one occasion they sat with a person who had limited verbal communication, and helped them to look at different 'old fashioned' toys, including marbles and a yoyo. This led to a discussion and reminiscence with people sitting nearby, about their childhood. The activities coordinator told us that some people liked to do simple tasks, such as polishing brass, or pairing up socks. They said, "It's all about knowing the residents and their capabilities. There are a lot of people here with dementia. I've found other ways to interact with people who can't take part in activities." For those people who were able to join in, there were group activities such as quizzes, bingo, armchair exercises, visiting entertainers and trips out.

The service had an up-to-date complaints policy and people we spoke with knew how to make a complaint and were confident any complaint would be dealt with promptly. The service had not received any recent complaints. The registered manager was easily available should people need to speak with her or discuss any minor concerns.

From time to time the service provided palliative care and staff were supported by the district nursing service when people reached the end of their life. Where it was appropriate, people had information about

their end of life wishes recorded in their care files.

Good

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager. They were an experienced care home manager, having worked as the registered manager at Franklin House for five years. A registered manager is a person who has registered with the Care Quality Commission 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.

Since our last inspection in June 2016 the service had been sold and had registered with its new provider in June 2018. This was the first inspection of the service under its new ownership. We received positive comments about the change of provider and through our conversation with one of them during our inspection we found they were committed to investing in the service. For example, they had recently purchased new chairs for the lounge.

There was an 'open-door' management approach which helped promote communication and effective team-work. Staff commented, "Our manager's door is always open. We can rely on each other" and "Everyone gets on." The registered manager worked collaboratively with the local authority and with professionals involved in people's care. This included raising safeguarding alerts and liaising with social work teams and healthcare professionals when appropriate. This ensured people's ongoing welfare and safety.

The registered manager had met their regulatory responsibilities. Providers are required by law to notify the CQC of certain events in the service, such as serious injuries, deaths and safeguarding concerns. Records we looked at confirmed that the CQC had received all the required notifications from the service. The rating from our last inspection was displayed in the home's reception area and on the provider's website. This meant people had been informed of our judgement of the service.

A comprehensive 'Service Users Guide' was available, which described what facilities and services were provided at Franklin House and incorporated the service's 'care philosophy'. These were the values it tried to uphold, which included 'sensitive and conscientious care from competent and committed well-trained staff, who understand the needs of elderly people.' Through our observations during the inspection we saw that staff had embedded the philosophy in their day-to-day care.

Audits and checks of the service were in place to monitor quality and safety. Areas covered included care records, health and safety, accidents and incidents and medicines. Where these highlights areas for improvement these were addressed promptly. For example, the August 2018 medicines audit had identified that some photographs in the MARs needed to be updated. This had been completed by the next month's medicines audit.

The service held regular staff meetings. These are an important way of communicating information about the service, discussing concerns and gathering feedback from staff. A newsletter, 'Franklin News' was

produced by the activities coordinator, several times a year. This gave people who used the service and relatives, information about forthcoming events and other news about the service.