Franklin Homes Limited

Franklin Domicliary Care Agency

Inspection report

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Tel: 01423569306

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook this announced inspection on the 8 June 2016. At the previous inspection, which took place on 22 April 2014 the service met all of the regulations that we assessed.

Franklin Domiciliary Care provides supported living to people in their own homes which was within a single block of flats named Carpenter Court. People who use the service have mental health needs. At the time of our inspection the service supported ten people who lived in single occupancy properties at Carpenter Court. The service provided domestic and social support with some personal care to a small number of people. Franklin Domiciliary Care Agency employs six support staff and a registered manager. The agency office is based on site.

There was a registered manager at this service. 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.

People who used the service and their relatives told us they felt safe and staff knew how to protect people from avoidable harm. Risk assessments and risk management plans were in place. They contained detailed guidance for staff about how to minimise the risk of harm.

There had been a period of high staff turnover, but this had begun to settle down due to the recruitment of new staff. There were sufficient staff employed to cover the number of hours provided across the service. The service used other care staff to fill in gaps in rotas within the organisation and who knew people the agency provided a service for. This meant that people who used the service were provided with a consistent service.

Staff told us the registered manager and other senior staff, employed by the service, were supportive and approachable. They also confirmed to us that the on call arrangements were well organised, and that they could seek advice and help out of hours if necessary. This meant there was good oversight of the issues across the service, and staff were confident about the management structures and who to seek advice from.

When new staff were recruited we saw the service had robust checks in place to ensure people employed were suitable to work with people who used the service.

Care plans were comprehensive and had associated risk assessments. Medicines were safely managed. Some of the people who used the service were supported with taking their prescribed medication and staff told us they were trained and competent to assist people with this.

Staff described feeling well supported by their managers. We saw evidence of supervisions taking place on a routine basis. This meant staff had the opportunity to reflect on and develop their practice.

People received support from staff who had access to appropriate training and knew how to meet people's needs.

People were protected because staff at the service were aware of and followed the principles of the Mental Capacity Act 2005.

People had access to appropriate healthcare professionals and had a health action plan. This meant people's health care needs were being appropriately supported.

There was access to varied and balanced diets, people were involved in planning and, where possible, making meals.

People were supported to be as independent as they could be and some people worked in local community organisations.

People who used the service and their relatives understood how to make complaints. Complaints were responded to appropriately by the registered manager.

Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages. Policies and procedures had been updated to ensure they were in line with current guidance and legislation.

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.

The registered manager had appropriate systems in place to assess and manage potential risks to people including the risk of abuse.

Recruitment checks were completed on all new staff prior to their employment.

There were safe systems in place for supporting people with their medication. The service had a medication policy and staff received training before they visited people who needed this level of support.

Is the service effective?

Good

The service was effective.

Care staff were provided with training relevant to their roles and felt supported. Staff supervision and monitoring systems were in place.

If people needed assistance with meals or medicines information about this was included in their care plan and part of their agreed care package.

The service appropriately sought advice and support from relevant health and social care professionals.

The provider had appropriate policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had received training and demonstrated understanding of the principles of the Act and people were supported to make decisions about their care, in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

Staff knew the people they supported well. It was clear people

had good relationships with support staff, who were described as "caring and nothing too much trouble for them."

The service promoted privacy, dignity and independence well.

People told us they were involved in making decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, planned and reviewed. People had individual care plans which included information about their care needs and preferences.

Care staff were knowledgeable about the needs of people they supported. The care staff we spoke with were able to tell us about the people they supported and how they monitored and responded to any changes.

A complaints procedure was in place and records showed that complaints were appropriately investigated and responded to.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager and local management structure to support the day to day running of the service.

People felt the care staff tried really hard to support people in the community well.

Systems were in place to monitor the quality of the service, through regular audits, checks and monitoring.

Franklin Domicliary Care Agency

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

This inspection took place on 8 June 2016. It was announced and was carried out by one adult social care inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We received 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.

During the inspection visit we looked at records which related to people's individual care. We looked at three people's care planning documentation and other records associated with running a community care service. This included two recruitment records and the care staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the service we spoke with the registered manager and two care staff. We visited two people in their own home. Other people living in the flats were given the opportunity to meet with us but declined the offer. We telephoned and spoke with three relatives. We spoke with a visiting Community Psychiatric Nurse [CPN].

We received information from Healthwatch. They are an independent body who hold key information about

the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any feedback about the service, and we have incorporated this in our report.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I always feel safe." Another person said, "Yes, I do feel safe."

One relative told us, "Yes I do feel that [name] is safe. It is a good place for them."

The service had in place arrangements to protect people from abuse and ensure that any concerns were reported. The care staff we spoke with told us that they had received training on recognising and safeguarding people from abuse. Training records we saw confirmed this.

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the different types of abuse and how to report concerns. The service had an up to date safeguarding policy which provided guidance for staff about what action they needed to take to safeguard people from avoidable harm. We saw robust risk management plans in place which included details about individual risks and what staff needed to do to minimise any risks identified.

The service had an up to date whistleblowing policy. The policy contained guidance for staff about how to raise concerns, included contact details for CQC and local authorities. This showed the service encouraged staff to raise concerns about poor practice.

The service protected people from unsuitable staff. During our office visit we checked the recruitment records for two staff. These records showed that new staff underwent a thorough recruitment process. This included obtaining an employment history, written references, completing interviews and undertaking a Disclosure and Baring Service [DBS] check. The DBS checks whether or not people have a criminal record or are barred from working with certain groups of people. This helps employers make safer recruiting decisions.

We reviewed the rotas for the last three weeks and found the service had sufficient staff to keep people safe. We were informed by the registered manager that there had been difficulty times recently as the service had been unable to recruit new staff. The registered manager said that twenty-one hours or three shifts per week had been covered by care staff from other services within the group. However, two new staff had recently commenced working at the service which had improved staffing levels. They told us the staffing numbers were adjusted to meet people's needs. There was an emphasis on people being encouraged and supported to engage in activities which were meaningful and suited their individual interests. Senior staff also matched people with staff who shared similar interests. This meant there were sufficient numbers of care staff available to keep people safe. 'On call' arrangements were also in place to support staff in the event of an emergency. 'On call' is where senior staff are contactable in cases of emergency and are usually available at the end of a telephone for advice and support.

We looked at how the service supported people who required support with their medicines. Medicines were stored securely. We looked at medicines and the completed medication administration records for two

people who used the service. These had been completed correctly and we found people had been supported to take their medicine in line with the prescriber's instructions. Care staff told us they had received medicines training and this provided them with the skills and knowledge to support people with their medicines. The staff training records we looked at confirmed what we had been told. The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with this. People who required support with their medicines had given their consent for staff to support them by signing the medicines form provided by the service. One person, we spoke with told us, "I take my own medicines. Staff just prompt me to take them."

The service had in place policies and procedures relating to health and safety. These provided guidance for care staff on how to work in ways that kept themselves and people using the service safe. Risk assessments had been completed in the care records we looked at and included any risks relating to people's health and support needs. Risks to people who used the service were appropriately assessed and managed. Staff were provided with clear and detailed guidance to help them know how to best support the person to reduce the risk of harm.

Accidents and incidents were recorded and reviewed by the registered manager and senior staff. This was to look for any patterns or trends which required further action. These were managed by the registered manager as we saw regular monthly audits of the service were undertaken.

Good

Is the service effective?

Our findings

People who used the service received effective care. One person told us, "Things are ok here. The staff are brilliant with me, they are all very good. They supported me to go to the doctor when I needed too. They [care staff] support me with my shower. Overall, I would say the staff support me well."

People told us they thought staff from the service knew their care needs. They said assessments with a manager had usually taken place and that their care needs had been discussed and a support plan implemented. The registered manager explained that as much information as possible about people was obtained before people were offered a flat and before they started providing a service, so they were sure they could meet the person's needs.

Care plans we saw had been reviewed and updated in a timely manner. Everyone we spoke with said they did have a care plan and this had been completed with people, when staff visited their home.

Staff had the skills and knowledge required to support people who used the service. The registered manager explained the induction process to us. All new staff completed induction training. The main purpose, they said, was to get to know staff and then who they would be best suited to work with. New staff were then allocated a member of staff to shadow and depending on their experience, this would vary in timescale. We were told additional shadowing was available if staff felt they needed this. Staff we spoke with also confirmed this

A member of staff told us they felt the shadowing period and induction was invaluable. They told us they spent time getting to know people who used the service, and reading their support plans before they "went solo." They told us about how they felt they had a "safety net" because staff were on call to ask if they needed advice.

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. We spoke with two care staff, one of which had been recently recruited. One care staff told us that they were up to date with their training and were provided with regular training courses and updates. They told us, "We get plenty of training." Topics included; mental capacity act, medication, safeguarding vulnerable adults and basic first aid. One member of staff confirmed they were currently shadowing more experienced staff and had completed fifteen e-learning courses, as they had recently commenced working for the service. The care staff records we looked at included evidence of their on-going induction training. This included an in-depth corporate induction programme and local induction checklist.

We looked at three care staff files and could see records of supervision taking place on a regular basis. Supervision is where the registered manager or senior care staff meet regular with care staff to discuss their practice and training and development. We saw that these had been carried out by managers from the service. We also saw training records in care staff files that they had completed. We saw a range of training had been completed by care staff. Training covered areas such as awareness of epilepsy, emergency first

aid, fire safety and nutrition. This was just some of the training that had been undertaken by care staff.

We also looked at the arrangements that were in place to ensure that people received a balanced diet and received the help they needed with eating and drinking. The service provided people with help and assistance with meal preparation, eating and drinking where this was part of their agreed plan of care. Where assistance with meals was provided, we saw information was in people's care plans to guide care staff regarding this. People told us that most support was in preparing and supporting people to cook a meal. People also said that staff supported them with their shopping from the local supermarket. One person said, "I do cook my own food, although staff support me with this." Another person told us, "I do my own meals."

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

We saw that care staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. It was confirmed by the registered manager at the time of inspection that the service had not made any applications to the Court of Protection.

People had access to appropriate health care professionals. The service had links with the community mental health team and we could see the Community Psychiatric Nurse [CPN] had been involved where people needed this level of support. We observed during our visit the service had worked very hard with other health care professionals to ensure a person received the necessary care and treatment and to protect their safety. This meant the service was taking into account the views of relevant health care professionals when planning and delivering care for people who needed more specialist support. We spoke with a visiting Community Psychiatric Nurse [CPN] who told us, "The service has improved – they try very hard to meet people's care needs. Overall, I think they are doing their best for people here."

Good

Is the service caring?

Our findings

People who used the service told us care staff were "kind" and they felt well supported. One person told us, "I would say the staff here are caring – nothing is too much trouble for them."

Relatives told us there had been quite a few staff changes but felt confident in the overall support the service provided. On the whole feedback from relatives was positive. Comments included "Overall, my relative is well looked after" and "I have no concerns about the care or support my relative receives."

Care staff we spoke with were aware of the importance of protecting and maintaining people's privacy, dignity and independence. They could describe how they gave people choices about how they wanted their care delivered and how they actively protected people's privacy. For example, asking if people wanted care staff to support them with their personal care, shopping or support with their meals. Staff recorded in people's care plans when support was offered, how they supported a person or if they refused any support.

We saw in the daily visit sheets in people's care plans that staff had recorded how they respected and maintained people's privacy and dignity when assisting them with personal care. We also saw where people received one to one support from care staff, how this was done and where people refused support from care staff. These records were currently recorded on separate sheets, we were told by the registered manager these were to be combined which would make it easier to follow.

Every member of staff we spoke with said they would be happy for their relative to be supported by the service, if they needed this type of service. Staff spoke with warmth about the people they supported. A member of staff told us, "I have had really good support as a new member of staff. I have been working with [name] who is very enthusiastic. When we get some more permanent staff it will get better, although I am enjoying it." Another care staff said, "Yes, staff have the time they need to spend with people. We need to improve and we need to get the right staff to come and work here."

People were supported to maintain relationships with their friends and family. People described to us activities they were involved in with friends and visits to friends who lived nearby. People who lived together socialised with each other. One person told us, "Five of us went out last night. We went for a drink and then for a MacDonald's." For people who had limited or no contact with their family we saw they had been offered advocacy support.

We saw records of people being supported to have regular stays with their families. Relatives also told us they felt welcome to visit anytime. We saw people's decision to have time to themselves respected by care staff and support for people was flexible. This meant people had the opportunity to have their own space and privacy but could request support from care staff as and when they needed support.

Good

Is the service responsive?

Our findings

People told us that the service involved them in decision making about their care and support needs. One person told us, "I am extremely well supported by staff. They support me to clean my flat, do the shopping and make sure I take my medicine. I am quite independent, as I go out to work two days a week which is brilliant. I am a keen guitarist and we have a new member of staff who also plays the guitar and I have been told they will be my keyworker as we have the same interests, which is great."

The registered manager explained they carried out a detailed assessment of people's support needs, before they started the service, to ensure the agency had the skills and capacity to provide the care that was needed. Assessments included information about people's physical health and personal care needs. Each record contained detailed information about the person and how they wanted to be supported. This assessment formed the basis of a more detailed plan of care people told us they received.

Care plans we looked at were person centred and provided good detail to assist care staff to provide consistent support that met people's care needs, their wishes and preferences. Care plans were written in the first person. People we spoke with knew about their care plan and confirmed they were involved at each stage. Each person's care plan had detailed information about their social history, this meant care staff could get to know the person and understand their life experiences as well as knowing about the support they needed. Each care plan we looked at clearly outlined what was important to the person who used the service. This information helped care staff who were supporting them to know more about the person.

For example written in one person's care plan it said, 'I need staff support with my medication. I have difficulties with doing a weekly shop at a large supermarket, as I find the stores confusing, noisy and crowded.' Another person's care plan said, 'I enjoy living independently and I love my flat. I need staff support with cooking meals, weekly grocery shop, tending to my mail and dealing with general correspondence.'

Care plans we looked at had been reviewed at least monthly but more often if needed to ensure that people were receiving the care they needed. People we spoke with said they did have a care plan and were aware of it as this had been completed and reviewed with them.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service's attention. The service had a complaints procedure in place, setting out how complaints could be made and how they would be handled. We saw that information about complaints was included in the information pack people were given. We saw there had been two complaints, which had both been appropriately responded to by the registered manager. We were shown the record of complaints, the actions that had been taken and how complaints were monitored by the registered provider. Everyone we spoke with told us they knew who to contact if they had a complaint.

The provider conducted annual surveys, giving people the opportunity to discuss the service they have received. We saw that surveys had been carried out in August 2015. We did not see where any improvements

or actions were needed to be taken as people were satisfied with the service they received.

Good

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with us since September 2014.The registered manager maintained an active role in the management of the service and provided a daily presence in either the agency office or working or from the organisations head office. During the inspection the registered manager was present and was able to answer our questions in full.

The registered manager and senior staff team provided a good network of management oversight which included the monitoring of staffing levels, recruitment and quality of care provision.

Staff told us they felt supported, and that they had ample opportunities to reflect on the service they provided through supervision and regular contact with each other. Staff told us they had a shared interest in developing and improving the service for people.

People were sent service user satisfaction surveys. Surveys had also been sent to friends and relatives of people receiving a service. People we spoke with confirmed that they had completed the surveys and returned them. We saw and received a copy of some of the responses from the last questionnaires the service had sent to people. People made positive comments about the service such as, 'Very good' and 'Provide quality living conditions and provide support' another person commented, 'I am satisfied with staff and with the support' and 'Good communication and they listen if anything concerns you.'

We saw that there was a mixed response from relatives/friends of people receiving a service as one relative had stated 'How grateful I am that my relative is at Carpenter Court, where the staff are so caring. They are happier that they have been for many years and, as a result so am I. I think CareTech is a wonderful organisation.'

Staff received regular support and advice from their line manager via phone calls, and face to face meetings. Staff felt that managers were available if they had any concerns. All of the staff we spoke with told us that the registered manager was actively involved in the service and were very supportive. A member of staff told us, "We received really good support from the manager."

Team meetings were held the last one held was in March 2016. We saw from the minutes that care staff had the opportunity to discuss up to date practice. The agenda items included staffing arrangements, medication competencies and key policies such as a new safeguarding file was distributed to care staff. We also saw that tenants at Carpenter Court had the opportunity to meet together and held their own meetings and the last one was held in May 2016. We saw from the agenda that people discussed items such as maintenance issues, activities and health and safety matters. People said that these were useful meetings which gave them opportunity to raise any issues they may have.

Staff we spoke with were enthusiastic about their work and clear about their roles and responsibilities. We

saw there was a positive culture within the service. There was a strong focus on person centred support and staff spoke with us about supporting people to live lives which were meaningful and promoted their sense of well-being.
People we spoke with said they had a good rapport with staff. Staff also described how they built on professional and caring relationships to enhance the lives of the people they supported. One member of staff told us, "We do have a good team here as we all care about our clients."

The registered manager was also able to show us the quality checks and monitoring that they undertook. For example, monthly audits of personnel files and people's care files to ensure that records were up to date and included all of the required information. Other checks included accident records to ensure any incidents had been recorded, reported and actioned appropriately. There were also audits for areas such as medicines, which included competency checks carried out to ensure that staff were working within good practice guidelines.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred all were recorded and these were reviewed each month which helped to minimise re-occurrence.