

Residential Care Services Limited

Franklyn Lodge 9 Grand Avenue

Inspection report

9 Grand Avenue
Wembley
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an unannounced inspection of Franklyn Lodge 9 Grand Avenue on 12 June 2015.

Franklyn Lodge 9 Grand Avenue is a care home registered to provide personal care and accommodation for up to six adults who have a learning disability. At the time of the inspection, six people were using the service. People had learning disabilities and complex needs and could not

always communicate with us and tell us what they thought about the service. They used specific key words and gestures which staff were able to understand and recognise.

At our last inspection on 23 May 2014 the service met the regulations inspected. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

There were safeguarding and whistleblowing policies and procedures in place and staff undertook training in how to safeguard adults. Staff were not aware of what whistleblowing was but were able to identify different types of abuse and were aware of what action to take if they suspected abuse. The registered manager told us she would ensure staff received refresher training on the service's whistleblowing policy and procedures.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Each person had risk assessments however the information they contained was limited. There was limited information about the safe practice of moving and handling and when people went out in the community.

Care workers we spoke with during this inspection were agency care workers. The registered manager told us a number of permanent staff had left due to their personal circumstances and the agency care workers were an interim measure. The service was in the process of recruiting new permanent care workers to the home.

Care workers spoke positively about working at the home and felt supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

We saw people being treated with respect and dignity. When speaking to care workers, they had a good understanding and were aware of the importance of treating people with respect and dignity and respecting their privacy.

People were actively engaged with activities at a day centre, however when people were at home, they did not have much to do apart from having the television on in the lounge. Care workers were present, attentive to people's needs and spoke to people in a caring manner however we observed times where people were not being spoken to and no effort was made to engage people in a meaningful manner. The registered manager told us they would look into what people enjoyed and arrange activities that people could be actively engaged with at the home.

Relatives and care worker spoke positively about the registered manager. Relatives told us "The home is very well run", "The manager is excellent. If I need to say something, I am able to say it" and "We have been very lucky with Franklyn Lodge. I couldn't complain."

During this inspection, the management structure in place was three agency workers, a permanent care worker, registered manager, senior managers and the provider.

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

We made a recommendation that risk assessments are reviewed to identify all the risks people may face and implement measures to manage those risks to ensure people are kept safe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Staff undertook training in how to safeguard adults, however were unaware of what whistleblowing was.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. However, information was limited and did not address all of the areas a person could be at risk of. The management told us people's risk assessments would be reviewed.

Agency care workers were being used as an interim measure due to staff changes. The registered manager was in the process of recruiting new permanent care workers to the home.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

Requires improvement



Is the service effective?

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

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

People were supported to maintain good health and have access to healthcare services and receive on going healthcare support.

Good



Is the service caring?

The service was caring. Relatives spoke positively about their relatives' keyworkers. One relative told us "I don't know what I would have done without [care worker]."

People were comfortable with the staff. Care workers were patient when supporting people and communicated with people in a way that was understood by them.

People were being treated with respect and dignity.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person and their needs.

People were supported to follow their interests, take part in them and maintain links with the wider community. However, there were times where people were not being spoken to and no effort was made to engage people a meaningful activities at the home.

Good



Summary of findings

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

Is the service well-led?

The service was well led. During this inspection, the management structure in place was three agency workers, a permanent care worker, registered manager, senior managers and the provider.

Care workers spoke positively about the registered manager and the culture within the home.

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

Good



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.

This inspection was carried out by 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 six people using the service that had learning disabilities and complex needs 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 and meal times.

We spoke with four relatives. We also spoke with the registered manager and three care workers. We reviewed four people's care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

All the relatives we spoke with felt people were safe in the home. They told us “Yes [person] is safe here” and “They treat [person] well. [Person] is safe.”

There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. When speaking with care workers, they were not aware of what whistleblowing was which is when an employee reports suspected wrongdoing at their work place. However, they were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns to the registered manager, senior managers, social services, the police and CQC. One care worker told us “We are here to help them.” Care workers were also able to explain certain characteristics a person they cared for would display which enabled them to know that something was wrong or the person was not happy. For example, one care worker told us “[Person] may get depressed, shy away from personal care, be withdrawn or have bruises on their body. If they did, I would tell the manager straight away.”

During the inspection, there was one permanent care worker and the three care workers we spoke with were agency care workers. The registered manager told us a number of permanent staff had left due to personal circumstances and one care worker was on maternity leave. The agency was used regularly by the service and the care workers had been working at the home for some months now to ensure there was familiarity to the people using the service. When speaking with the care workers, they confirmed this. The registered manager told us the agency care workers were an interim measure and the service was now in the process of recruiting new permanent care workers to the home. We spoke with the registered manager about the care workers’ lack of knowledge of whistleblowing and she showed us records that showed they had recently provided the agency care workers with whistleblowing training. The registered manager told us she would ensure all staff received a refresher training session and that they understood the service’s whistleblowing policy and procedures.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for

each person using the service which helped ensure they were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. When people displayed signs of behaviour that presented a challenge, there were guidelines which showed the support and calming measures that were required by staff to help people feel at ease. When speaking to care workers, they showed a good understanding of people’s behaviour that challenged and were able to provide examples of using pro active strategies such as diverting the person’s attention to something they liked and enjoyed. One care worker told us “We give reassurance that everything is okay”. Another care worker told us “[Person] loves having a bath so I take them upstairs, this really helps to calm them down. And when using public transport, [person] can present a certain behaviour that challenges so we make sure they don’t sit near the window. We always do something to avoid them getting to that stage.”

Although the risk assessments were specific to people’s individual needs, we noted the assessments could have been more detailed. For example, when supporting people with their mobility, there was limited information about the safe practice of moving and handling, times when the person needed to be repositioned in bed and when the person was out in the community. When a person presented behaviours that challenged, there was limited information about the triggers as to what may cause such behaviours and the type of risks people could face in areas in which they lacked capacity. During the inspection, we noted a person limped when they walked which could result in a possible fall if the person lost their balance. We noted in the person’s care plan, it stated the person limps and could stumble but wears an orthopaedic shoe to help them with their balance. However, there was no risk assessment in place which identified this risk to the person. We spoke to the registered manager and she told us they would review the assessments and ensure they contained more detailed information relevant to people’s needs.

We recommend risk assessments are reviewed to identify all the risks people may face and implement measures to manage those risks to ensure people are kept safe.

We asked care workers whether they felt there was enough staff in the home to provide care to people safely. Care workers told us they had fixed shifts and there was good teamwork. One care worker told us “We have fixed shifts

Is the service safe?

and the manager deals with and accommodates any changes. I can't complain." During the inspection, we observed staffing levels were adjusted for people who required one to one care inside the home and when outside in the community. Care workers were not rushed and had time to tend to people's needs safely and promptly.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for two members of staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been

undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

There were suitable arrangements in place to manage medicines safely and appropriately. We looked a sample of the Medicines Administration Record (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person. There were arrangements in place in relation to obtaining and disposing of medicines appropriately with a local pharmaceutical company. Records showed and care workers confirmed they had received medicines training and policies and procedures were in place.

Is the service effective?

Our findings

When asked, relatives spoke positively about staff. They told us “There is good staff and plenty of them, “Staff are very helpful” and “Staff are good and treat people with manners.”

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. Care workers told us “I like it here, it is good and a welcoming home”, “We work together. We are happy doing the job and we are supported” and “We work as a team, there is good unity here.”

We looked at staff files to assess how staff were supported to fulfil their roles and responsibilities.

Training records showed that care workers had received an induction and completed training in areas that helped them when supporting people and these included safeguarding, infection control and challenging behaviour. Care workers told us “I was given an induction and went through people’s care plans. If I was confused and wasn’t sure about something, I could always ask them [staff] and I still can” and “I started at the weekends first, shadowed and did observations, then moved to the day shifts. It was a gradual process so I could learn things properly.” Records also showed care workers received regular supervision. One care worker told us “They listen to me and keep me updated as well.”

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained information about people’s mental state, levels of comprehension and the support needed for a person in areas where they may lack the capacity to give consent. For example, in one person’s care plan, it stated “I may recognise a bathroom but do not know I would require a bath” which would indicate that the person would need to be prompted to establish whether they wanted to have a bath or not. Areas in which a person was unable to give verbal consent, records showed the person’s next of kin and healthcare professionals were involved to ensure decisions were made in the person’s best interest.

Records showed that all staff had received training on the Mental Capacity Act 2005 (MCA). However, when speaking with care workers, they were not able to explain why a

person may lack capacity to make certain decisions but showed an understanding of issues relating to consent. Care workers told us “Even though [person] cannot speak, they know what they want, we give them options” and “[Person] chooses themselves not me.” Care workers also showed awareness of involving a person’s next of kin and healthcare professionals in areas in which a person was unable to give verbal consent to ensure decisions were made in the person’s best interest. The registered manager told us the care workers had received MCA training but will take action to ensure staff understood mental capacity and the principles of the act.

There were appropriate arrangements were in place to manage the finances of people using the service. People using the service had appointees in place to look after their finances as they did not have the capacity to do so themselves. The registered manager showed us records and explained the care workers recorded all the transactions and kept the receipts which the registered manager would check on a monthly basis. One relative told us “I deal with the finances but if they buy anything, they have the receipts.”

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We saw people using the service were not restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings. In areas where the person was identified at being at risk when going out in the community, we saw that if required, they were supported by staff when they went out. When speaking with care workers they showed some understanding of how people’s liberties could be deprived. Care workers told us “They have the right to everything just like us” and “You need to give them their rights, it is not a matter of forcing them but to encourage and support them.”

The registered manager was aware of the Supreme Court judgement in respect of DoLS. Records showed the manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that

Is the service effective?

there were areas of the person's care in which the person's liberties were being deprived. During the inspection, we noted there were bedrails on the bed of one of the people using the service which had not been assessed in the person's DoLS authorisation. The registered manager told us the bed had been purchased recently after the authorisation had been granted as the person had come back from hospital. We discussed with the registered manager, an authorisation would be needed for the bedrails as they can be a form of restriction. A day after the inspection, a senior manager of the service informed us that they had contacted the local authority and a DoLS review had been requested.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans detailed records of appointments and medicine prescribed by healthcare professionals including GPs, chiropodist, psychiatrists and opticians. Information showed the date and type of appointment, reason for the visit, the outcome and any medicine prescribed or change in medicine. Records showed that there was consultation with a physiotherapist for a walking frame to be provided for a person using the service and with healthcare professionals from the behavioural support team to help and support people that presented behaviours that challenged. One care worker told us "You can always tell by their body language if they are in pain, I would contact the doctor straight away."

People were supported to get involved in decisions about their nutrition and hydration needs. People's eating and drinking needs and preferences were recorded and their weight monitored on a monthly basis. The home had also identified risks to people with particular needs with their

eating and drinking. Records showed a person who had difficulty with their swallowing had been referred to a Speech and Language Therapist (SALT) and a Dysphagia assessment conducted. We saw in the person's care plan, the registered manager had drawn up specific guidelines which incorporated the advice given by the SALT to ensure staff were aware of what they needed to do. During the mealtimes, we saw some of the guidelines being followed for example the care worker was using a plastic spoon and the person's food was soft to ensure easier swallowing as advised by the SALT.

We observed people using the service were given drinks and snacks when they arrived back from the day centre and care workers respected and adhered to people's choices and wishes. During the evening meal, we observed the food was freshly cooked and care workers supported and prompted people only if it was needed. People using the service ate independently and ate everything on their plates indicating they enjoyed their meal. We saw people were not rushed and were left to eat at ease and at their own pace. However we did observe there was a lack of conversation between care workers and people using the service during dinner.

The registered manager showed us a weekly menu that was in place. She told us the menu was based on foods people enjoyed but flexible as people changed their minds and this would be accommodated for them. We asked the registered manager how they monitored what people ate to ensure they had a healthy and balanced diet. The registered manager showed us a record was made on a daily basis outlining what people had eaten and drank throughout each day and evening.

Is the service caring?

Our findings

Relatives spoke positively about their relatives keyworkers. One relative told us “I don’t know what I would have done without [care worker]. [Care worker] makes the extra effort to understand [person], [care worker] can spot anything in [person]. [Care worker] is a lovely carer. We have been very lucky to have [care worker]. It has been really good and I don’t have to worry anymore.” Another relative told us “[Care worker] works very well with [person]. [Care worker] is very nice, very approachable and always asks about [person] to make sure they look after [person] properly.”

During the inspection, we observed that people were relaxed and at ease. People were free to come and go as they pleased in the home. Care workers were patient when supporting people and communicated with people in a way that was understood by them. We observed people were comfortable with each other and care workers were very attentive towards people’s needs. One care worker told us “I treat them as I do my friends.”

We saw people being treated with respect and dignity. When speaking to care workers, they had a good understanding and were aware of the importance of treating people with respect and dignity and respecting their privacy. They told us “I let [person] know it is time for personal care. I tell them before I start so they know” and “I explain to [person] what I am doing and make sure they wear their gown before we leave the bathroom.” During the inspection, we observed some people liked to rest in their rooms after coming back from day centre. We observed this was respected and accommodated for by staff. People were not pressured to come downstairs from their rooms and were able to come down when they wished. Relatives told us “[Person] is always clean, well dressed and always take care of [person’s] appearance. They do [person’s] hair properly and style it very nicely” and “The registered manager loves the residents, when they are celebrating people’s birthdays, she makes sure they are dressed well and they look beautiful.”

Care workers told us that there were people using the service who only wanted female care workers to provide them with personal care and they ensured that this was adhered to. When speaking to the male care workers, they showed a good understanding and consideration to this. One male care worker told us “Oh no, I only work with the male residents. We don’t give female residents personal care, that is for female care workers to do and we make sure that is respected.”

Care plans set out how people should be supported to promote their independence. During the inspection, we observed care workers provided prompt assistance but also encouraged and prompted people to build and retain their independence for example people got themselves drinks and put away their dishes when they had finished their dinner.

People’s care plans showed how they were able to communicate and detailed specific body language, gestures and key words a person used to communicate. For example with the use of short phrases, pointing to an object or holding a member of staff and taking them to what they wanted. When speaking with care workers, they were aware of how people using the service communicated. One care worker told us “[Person] goes to the dining table if they are hungry, if [person] doesn’t like the food, they will push it way” and another care worker was able to show us a particular gesture one person using the service would do if they wanted something.

People using the service were supported to express their views. Records showed there were resident and keyworker meetings with people using the service in which people were encouraged to say what they liked and didn’t like as much as they were able to do so. Meetings were also taking place between the person using the service, their keyworker, registered manager and family members where aspects of people’s care were discussed and any changes actioned if required. Relatives confirmed this and told us “Yes we do have the review meetings and they ask me about everything.”

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at four care plans of people using the service. Each care plan contained a service user handbook, service user guide, a statement of purpose for the service, contract of residence and complaint procedure.

The care plans contained detailed information on the support the person needed with various aspects of their daily life such as personal care, health, communication, eating and drinking and community participation.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were reflected and information such as the person's habits, daily routine and preferred times they liked to wake up and go to sleep. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to enable people to do tasks by themselves. 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. 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. We saw the notes detailed the support people received, medicines, what they had for breakfast, activities, general moods and well being of each person. We also saw people using the service had individual day centre books which had been completed by staff accompanying the person or day centre staff so that staff were aware of people's needs when they got home. One care worker told us "They [registered manager] always want us to work as a team. There is a proper handover. We always wait for each other and never leave before the next care worker has arrived even if they are late."

People were supported to follow their interests, take part in them and maintain links with the wider community. Four people using the service attended a day centre five days a week. We saw in peoples' care plans pictures of them being involved with painting, karaoke, puzzles, celebrating birthdays and having tea with other members attending the day centre. People were able to visit family and friends

or receive visitors and were supported and encouraged with maintaining relationships with family members. Relatives told us "I often go there unannounced and am welcomed, the home is always clean" and "Yes, [person] comes to see me at weekends. The staff even drop [person] off and take them back to the home again."

Although people were actively engaged with activities at the day centre, we observed when people were at home, they did not have much to do apart from having the television on in the lounge which people were not watching. Care workers were present, attentive to people's needs and spoke to people in a caring manner however we observed there were times where people were not being spoken to and no effort was made to engage the person in a meaningful manner. During dinner, people were not spoken to and after dinner people were just sitting in the lounge with the care workers with just basic interaction when needed. We spoke with the registered manager and she told us she would look into meaningful activities that people could be involved with whilst at home and speak to staff about the importance of engaging and interacting. When we looked at people's care plans, we saw people had specific interests such as 'beading' which is a craft of using beads to make items such as jewellery and we suggested this was a good example of how people could be engaged in something they enjoyed whilst at home.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted six monthly reviews of people's care plans and care provided. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

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. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There were two complaints received about the service. Records showed that the registered manager had investigated and responded appropriately.

Is the service well-led?

Our findings

When speaking with relatives, they spoke positively about the service, the staff and the registered manager. Relatives told us “The home is very well run”, “The manager is excellent. If I need to say something, I am able to say it”, “The manager is really sweet, really caring” and “We have been very lucky with Franklyn Lodge. I couldn’t complain.”

Relatives also spoke positively about the provider. One relative told us “They really put a lot of effort to get everything the people need. You couldn’t get better.”

During this inspection, the management structure in place was three agency workers, a permanent care worker, registered manager, senior managers and the provider. Care workers spoke positively about the registered manager and told us “She wants us to do our jobs effectively”, “She does listen and is approachable” and “The manager listens and I am enjoying the work.”

Care workers spoke positively about the open and transparent culture within the home and the provider. They told us “The manager is very nice. She listens to me, always asks if there are any problems and if I am okay” and “They encourage us that if we do have a problem to just say it and tell them.”

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. Care workers told us “We can voice our opinions and concerns” and “Manager is a very nice person, if you don’t understand anything, you can ask her.”

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed checks and audits of the service were being carried out by the registered manager. 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 had been received.

There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Accidents and incidents were recorded and fire drills and testing of the fire alarm completed.