

The Franklyn Group Limited

Stobars Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 28 June and 4 July 2018 the first day was unannounced. When we previously inspected this service in June 2016 we rated it as 'Good'.

Stobars Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Stobars hall accommodates up to 38 people in one adapted building. At the time of our inspection 20 people were living there. One area on the ground floor specialises in providing care to people living with dementia.

The service had a registered manager in post. 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.

We found four breaches of regulation. These related to people's care planning, people's right to consent, staff training, recruitment checks and governance.

You can see what action we told the provider to take at the back of the full version of the report..

We also made recommendations that the service continue to develop its dementia strategy and improve person centred care.

This is the first time the service has been rated Requires Improvement.

People were not always supported to have maximum choice and control of their lives. The practices in the service required further development. People were not always provided with structured and meaningful activities. The provider told us they were changing the way activities were provided.

Risk assessments and care plans that should have provided guidance for staff in the home were not always present or reviewed correctly. We found evidence that people in the service were involved to varying degrees creating support plans and were able to influence the content.

The staff team told us they understood how to protect vulnerable adults from harm and abuse. Staff talked to us about how they would identify any issues and how they would report. However, guidance for staff on how to report a colleague was unclear.

Appropriate arrangements were not in place to ensure that new members of staff had been suitably checked

before commencing employment. The registered manager ensured that there were sufficient staff to meet people's. Staff were not suitably trained and developed to give the best care possible. Staff had not received the appropriate training to help them support people living with dementia or at the end of their lives.

Any accidents or incidents had been reported to the Care Quality Commission as necessary and suitable action taken to lessen the risk of further issues.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. They accessed hospital appointments as a matter of routine.

People were happy with the food provided and we saw well prepared healthy lunch and evening meals that staff supported and encouraged people to eat.

Suitable equipment was in place to support people with their mobility and appropriate checks and maintenance had been carried out.

Staff knew people well and we observed them treating people kindly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Employment checks were not always robust and required development in line with best practice.

Staff were unclear about whistleblowing procedures.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff were not trained, supervised or appraised to an appropriate standard.

People's rights to make decisions regarding their care were not always upheld.

The environment required further improvement to make it more 'user friendly' for people who lived with dementia.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's wishes around their daily routine were not always respected.

People's privacy and dignity was upheld.

People had access to an advocate if they required their support.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some people's needs were not set out in a plan of care so staff did not have the guidance to support them in the right way. People did not have access to many meaningful activities during the day.

There was a complaints policy and procedure in place.

Is the service well-led?

The service was not always well led.

The registered manager had failed to identify and act upon various issues throughout the service.

The provider agreed that issues would be rectified as soon as possible with the support of the local authority.

There were regular staff meetings.

Requires Improvement 

Stobars Hall

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 checked 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.

Prior to the inspection we received information about alleged abuse at the service. This included an allegation that people were being woken early in the morning without their consent so staff could carry out tasks 'efficiently'. We shared this information with the police and the local safeguarding authority. On the first day of our inspection we arrived at six am to see if the allegations were correct.

Inspection site visit activity started on 28 June and ended on 4 July 2018. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern. We spoke with health and social care professionals including social workers, district nurses and representatives of the local safeguarding authority and asked their opinion of the service. Due to the late scheduling of this inspection we did not request a provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of all 20 people who lived at Stobars Hall. We examined six staff files. We spoke with nine people who used the service and one relative. We also spoke with 14 members of staff including care staff, kitchen staff, domestic staff, the registered manager, the nominated individual and two directors. We reviewed records relating to the safety and management of the care and the premises.

We walked round the building, its grounds and, with permission, people's bedrooms.

Is the service safe?

Our findings

We looked at the recruitment and selection processes used by the provider. We noted a self-employed member of staff had commenced working at the home without providing any information about their previous employment history or reasons for leaving previous care positions. They had also begun to work in the home with an historic disclosure and barring check (DBS) supplied to a previous employer. A DBS check shows whether prospective staff have a criminal record or are barred from working with vulnerable people. The staff member continued to work at the home for several months before the provider undertook its own DBS check. Furthermore, only a single DBS check, or criminal records bureau check, had been carried out on the commencement of staff member's employment. This meant that staff who had been employed for many years had not had any review of those checks. People were not fully protected because the provider had not carried out robust checks to make sure that staff were suitable to work, or continue working, at the home. We spoke with the provider on the day of inspection. They had already devised a system for staff to make an annual declaration to say if changes had occurred that were likely to show up on their DBS check.

We recommended that the provider improve systems and processes around background checks and adopt accepted best practice.

People we spoke with said they felt comfortable and safe at the home. A relative commented, "I feel my family member is safe. Staff always let me know if [my family member] has had any issues, like when they fell."

One person said, "Sometimes it takes a while to be supported through the night if I press my call bell, but they do checks on me in between." Another person told us staff had attended to them and got the hoist very quickly when they had fallen.

We looked at people's care records and saw risk assessments for each person covering areas such as mobility and continence. The registered manager carried out generic risk assessments on the building including fire risk and health and safety risks. The risk assessments undertaken identified ways to minimise risk to people who used the service and helped keep them safe from harm. We found personal emergency evacuation plans (PEEPs) in place for each person. These were very detailed and described the support each person would need to be moved or evacuated in the event of an emergency.

We spoke with members of staff and asked them how they safeguarded the people who used their service from abuse. Staff were able to tell us about different kinds of abuse such as physical, financial or emotional. They told us they would speak with the registered manager if they suspected abuse was taking place. This meant staff knew how to identify and report abuse. We spoke with the registered manager who demonstrated their knowledge on how to report issues relating to abuse and safeguarding. We noted there was whistleblowing guidance meant that staff should have known how to confidentially raise concerns about the conduct of colleagues and how they would be supported and protected. When we spoke with staff they were not aware of a whistleblowing policy but were able to tell us they would alert a 'director' if they had concerns. We spoke with the provider on the first day of our inspection about and they agreed to ensure

that staff received further information about the policy so they were confident and competent in its usage.

We spoke with the staff who told us there were sufficient staff to meet people's needs. We saw from the rota that shifts were covered though we noted that staff were often working additional shifts to ensure there were enough staff on duty. On the days of our inspection we did not observe anyone waiting for prolonged periods of time if they required assistance.

Equipment used at the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths. Routine safety checks and repairs were carried out on the fire alarm system. External contractors carried out regular inspections and servicing of fire safety equipment, gas appliances and the safety checks on small electrical appliances. The safety certificates were up to date.

People told us the housekeeping staff worked hard to keep the home clean. The registered manager took the lead role in infection control matters. They had recently begun to carry out weekly infection control audits. Overall the home was clean although a small number of areas would be difficult to keep hygienic as they had porous surfaces, such as perished radiator guards. There was one bedroom that was malodorous which required deep cleaning and alternative, easy to clean flooring. We informed the provider of this in an email following our inspection and they responded stating immediate improvements would be made. In shared toilets, bathrooms and the kitchen there were easily accessible protective equipment for staff including disposable aprons and gloves to minimise the risk of cross infection.

The safe administration of medicines was outlined in policies and procedures at the service. Medicines were administered by staff trained to do so whose competencies were regularly scrutinised by senior staff. All medicines were stored safely in a locked cupboard and medicines trolley along with the appropriate records. There was a fridge for medicines that required cool storage. If required controlled drugs could be securely stored and monitored. We carried out spot checks on medicine administration records and found them to be correct. We noted that there was guidance on them for the use of as required medicines though these were not always accompanied by a corresponding care plan in people's care records. The ordering and disposal of medicines was carried out in conjunction with a local pharmacy.

Is the service effective?

Our findings

The provider used a computer-based training agency for staff to complete essential training in areas such as health and safety, infection control, first aid and safeguarding. An annual training matrix was used to record when each staff member had completed training the provider deemed mandatory within that year. In order to check whether staff had completed mandatory training the training matrices for both 2017 and 2018 had to be viewed. It was found that one staff member, a domestic assistant, had not completed any training over the past two years.

Although the home provided care to people living with a dementia, current staff members had not completed any training in dementia care needs. Two members of staff had completed the dementia component of the care certificate but the home had not provided any further training or updates for them. Staff also had no training in supporting people at the end of life. One staff member's file indicated they had not had any individual supervision sessions between May 2012 to January 2018. Supervisions are an opportunity to discuss the staff member's development, training and competence with their supervisor. The person's most recent annual appraisal was dated both 4 May 2014 and 4 May 2016 on the same form. This meant the person's performance had not been appraised by the organisation for at least two years. The registered manager told us they did not have a supervision plan to ensure people received this type of support regularly but went on to say their current method of ensuring people received timely supervisions was not robust.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Staffing.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found systems were in place for making and tracking DoLS referrals. People's capacity was assessed and recorded on admission to the home but was not subsequently reassessed. The front door of the building was open throughout our inspection and we saw people coming and going as they pleased.

Some people had bedrails in place to prevent them falling from bed. There were no capacity assessments to show whether those people living with dementia were able to consent to the use of this restrictive

equipment. Also, there were no records of best interest decisions involving relevant care professionals around the rationale for the use of bedrails as the least restrictive method of support. Bed rails were in position to help keep people safe, however people's rights to consent to this had not been upheld.

This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Need for consent.

Part of the ground floor corridor was referred to by staff as the 'dementia unit' and there were a small number of people living with dementia accommodated there. The home was not designed or adapted to support people with dementia care needs in line with nationally recognised good practice. For example, all doors along the corridor were the same brown wood for bedrooms, store cupboards and bathrooms. Although some bedroom doors displayed a photograph of the occupant, it would be difficult for some people with cognitive decline to distinguish between the different rooms. There was a television lounge where people living on this unit sat during the day. But there were no items of sensory interest for people living with dementia, such as rummage boxes or fiddle mitts.

We recommended the provider develop a dementia strategy which would include an improved environment.

People said the main meals prepared by the chef were "very good" and "lovely." All the people we spoke with commented on the good range of choices and described how the chef went around everyone each day to ask which of that day's choices they preferred. People were offered three course meals for lunch and dinner including a home-made soup and a choice of two main dishes and desserts.

In discussions the chef described how there was no set menu but that there were roast dinners offered twice a week and fish or scampi dishes on Fridays. We saw from the menu records that people were offered a varied and healthy range of dishes. There were three people who required a soft diet and the chef prepared each part of these meals individually so that people could enjoy the contrasting flavours and colours of their meal. Two people were vegetarian and were very positive in their comments about the range and quality of the daily vegetarian options. People told us they were offered plenty of drinks throughout the day and jugs of juice were provided in bedrooms.

Everyone was provided with breakfast on a tray in their bedrooms every day which were prepared by night staff. The chef started work after breakfast time so that they could prepare the main lunch and evening meals. Breakfast consisted of cereal, bread and butter and fruit. When we arrived on the first morning at 6am we found the trays of breakfast were already prepared and were left uncovered in the dining room. We spoke with the provider on the day of our inspection and asked that food be covered until it was required.

Assistive technology was available within the home. There were pressure sensors placed around beds to alert staff that people had risen during the night and may require support. A call bell system was in place so people could summon staff easily if required.

People's health and wellbeing were monitored. People regularly attended the GP or the dentist or were seen by visiting professionals. Care plans contained information about any long-standing medical problems and people were supported to go to hospital appointments. We observed health and social care professionals visiting the home during our inspection.

The home was in a reasonable state of repair though some carpets required replacing. There were separate

dining areas and areas for people to watch television and relax. Each person had their own bedroom which was personalised to how they wanted it. Information about the home, including activities and insurance certificates were clearly displayed in the main hallway.

Is the service caring?

Our findings

The people spoke positively about individual members of staff. They described some staff as "lovely" and "very nice." One person commented, "[Staff member] is thoughtful and kind." Other people told us specific staff members were "friendly." A relative told us, "I feel [my family member] is well cared for. Staff are very friendly and always ask me if I want to stay for a meal."

People felt that sometimes staff were driven by tasks to be completed. One person described how staff usually leave them in a wheelchair when they were in the lounge or dining room "because it's easier." Another person told us, "There have been times when I've felt staff feel they're doing me a favour (when they help me) – but I'm paying and they should remember that."

We arrived at 6am on the first day of our inspection. We found that, with the exception of one room, all bedroom curtains on the first floor had been opened. One person told us that they had been woken up by someone putting their television on. We looked at people's care plans and could not find any records of people wishing to rise at 6am. This meant that care was not person-centred as people were being woken as a matter of routine which was not always everyone's personal choice. We spoke with the provider on the day of our inspection. They agreed to improve the way tasks and routines were carried out at the home.

We recommended the provider continued to develop person-centred daily routines within the service.

People described making their own daily choices where this was in their control. For example, what time they got up in the morning and what they had for lunch and dinnertime meals. For example, one person told us, "I get up and go to bed anytime I want. Sometimes it is midnight – it's my choice. Staff help me into my nightclothes but I decide if I want to stay up." Another person told us, "I do get up early but that's my choice."

During a lunchtime meal we saw people had made their own individual choices from a selection and were confident about pointing out to staff how the meal service could be improved, for example serving each table rather than different people at different tables. People were encouraged to retain as much independence as possible. For example, a staff member sat with one person and occasionally prompted them with their meal but encouraged the person to manage this themselves so that they did not lose their independent living skills. It was also good practice that care staff dined with people during the lunchtime meal which encouraged people to eat. People felt the home was a very beautiful location to live and they enjoyed the views and local wildlife. People said they spent time in the privacy of their rooms whenever they wanted. We saw some people had highly personalised their bedrooms.

A relative told us they felt their family member's dignity was upheld. They commented, "My [family member] is always comfortable, clean and nicely dressed."

Some people told us they enjoyed being as independent as possible at the home and spent time outside in the gardens whenever they wanted. The front door was open and a small number of people were enjoying

sitting in either the front or the rear patio areas where there was a range of garden seating. Two people said they were glad they remained as independent as possible, even whilst living in a care home, and said staff promoted this. We observed staff treating people in a respectful manner and people's privacy and dignity was not compromised.

The registered manager had details of advocacy services which could be contacted if people needed independent support to express their views or wishes about their lives. Advocates are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager knew how to ensure that individuals wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives.

We looked at people's written records of care and saw care plans were devised using information provided by the person who used the service with occasional support from their relatives if required. People had signed care plans and other documentation relating to their care to say they understood and agreed with it. This demonstrated people had some involvement in making decisions about their care treatment and support.

When we spoke with staff they knew people well. They told about people's preferences and what kind of support they required. Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies to keep people safe. An equality and diversity policy was in place that guided staff as to how people's rights should be upheld. People confirmed that family and friends could visit the home freely and were welcomed by the care staff.

Is the service responsive?

Our findings

There were risk assessment in place for each person relating to their needs such as mobility, nutrition and skin integrity. Some risk assessments were dated 2015 and although these were periodically reviewed it was not clear that these were still the most up to date information about people's needs. People's nutritional risk were assessed and their weight was monitored where they were able to weight bear. One person had not been able to be weighed since February 2018. However, their care plan reviews continued to state 'no change' for the past six months. Care plans relating to nutrition, dementia, capacity and mental health needs were absent despite these needs being identified in assessments. We observed despite the lack of care plans people were receiving care appropriate to their identified needs. One example was kitchen staff and care staff were aware of people's nutritional requirements via the service's assessment process. Another example was people were frequently referred to local mental health services and the care plans they provided were being followed.

This was a breach of Regulation 9 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014: Person centred care

Written records of care contained detailed life stories that outlined people's interests, hobbies and social care preferences such as arts and crafts, quizzes and wildlife. One person's life story stated, 'I cannot bear to be sitting doing nothing.' However, several people told us there was little to keep them occupied in the home and as a result they often stayed in their own rooms with no interaction except at mealtimes. One person told us, "They've (provider) cut out activities so there's not much to do. Staff don't have time to talk – they do what they need to then onto the next one (person). It's beautiful location, but there's not enough socially." Another person commented, "The activities we used to have were a bit twee, but at least we all got together to do them and it was something to do."

The provider explained they had taken an organisational decision to remove activities posts from their staffing structure. Instead there was an expectation that care staff would provide activities. However, there was no demonstration that care staff had experience or training in meaningful activities especially for people living with a dementia. A staff member described playing dominoes with a person. That person also said there were "not many activities now."

During one day of the inspection we saw a small number of people seated in a lounge watching television without any interaction with staff or each other or alone in their own rooms. One the other day some people were seated in a lounge together waiting for an entertainer but they did not arrive. We saw an activities planner in the hallway but this described little in the way of engaging events. For example, activities included having nails cut or hair washed. The provider stated there was an intention that external entertainers would provide more group activities but people told us this mainly consisted of a weekly organist who played the same tunes in the same order every week. The provider agreed that their strategy to rely on 'outside' entertainment had been unsuccessful and agreed to devise a new strategy. We will continue to monitor this.

The people we spoke with said they would feel able to raise any concerns and had done so in the past. One person told us, "I'm not afraid to speak up if something isn't right nor are my family." A relative commented, "I've had no complaints so far but I would tell [registered manager] if I wasn't happy about something."

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

The service had delivered end of life care with support of other services such as Hospice at Home. There were policies and procedures in place and the provider agreed to update staff training as soon as possible. The registered manager told us care at the end of life would be supported by a multi-disciplinary team approach which could include the GP, the local hospice services and other health and social care professionals.

Is the service well-led?

Our findings

Some people told us they did not feel the home was well-led. One person commented, "It's all changed and not for the better. I never have much of a chance to speak my views with (director) because the manager is always there. They (management) talk to us like we're daft." Another person told us, "All the problems started when the management changed a couple of years ago. The manager doesn't have the right management skills and is always losing staff." People said they were not asked for their views of the service as a group. For example, the last recorded residents' meeting minutes were dated 3 March 2014.

A range of quality assurance audits were carried out but these were not always effective in identifying areas for attention or in ensuring best practice. For example, quality audits by the directors had not identified the lack of training in dementia care for staff which they believed was being undertaken in-house. Weekly infection control audits had identified that unnamed toiletries should be removed from bathrooms, and notices had been put up to this effect. However, there were still unnamed toiletries in every bathrooms and shower room during both days of this inspection. Premises checks of the building had not led to remedial work being carried out to address the lack of hot water to some washbasins.

Additionally the registered manager had failed to identify themselves the concerns we had highlighted including lack of other training; lack of formal supervision; failure to identify that care plans were not in place for peoples assessed needs; failure to review MCA documentation and ensure appropriate best interest decision's were in place; failure to carry out appropriate background checks on staff and failure to detect that people were not dictating their own daily routines.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good governance

Staff meetings had been carried out over the past six months with day staff, night staff, housekeeping staff and more recently with heads of department. The staff meetings were instructive about expected standards in relation to record keeping, use of mobile phones, taking breaks and on-line training.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints. The ratings from the previous inspection were displayed in the home as required and on the provider's website.

We spoke with the provider during our inspection. They agreed to bring in a manager from another of their homes to support the registered manager in drafting a range of measures to improve the service. They told us that all the issues in service would be resolved at the earliest opportunity and they would seek the support of the local authority to do this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's wishes around their daily routines were not respected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights to consent to treatment were not respected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had not identified issues we raised.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received adequate training and support.