

Care UK Community Partnerships Ltd

Franklin House

Inspection report

The Green
West Drayton
Middlesex
UB7 7PW

Tel: 01895452480
Website: www.careuk.com

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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

Franklin House is a nursing home for up to 66 older people managed by Care UK Community Partnerships Limited. At the time of the inspection 64 people were living at the service. Some people were living with dementia, others had general nursing needs and some people were being cared for at the end of their lives.

There was 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 and associated Regulations about how the service is run.

At the last inspection on 8 and 9 December 2015, the service was rated Good. However, we made one requirement because people were not always treated with dignity and respect.

At this inspection, on 31 January 2017, we found the service remained Good. The requirement had been met and the provider had taken action to ensure people were always treated with dignity and respect.

The service met all the fundamental standards which we inspected.

People liked living at the home. They felt they were well cared for and the staff were kind, caring and met their needs. They felt safe. People and their relatives felt involved in planning their own care and this reflected their individual needs. There were enough things for people to do which met their social and leisure needs. They received medicines when they needed them and had access to a range of health services. People liked the food and were able to make choices about this.

People felt the service was well managed. They regularly saw the manager and senior staff and knew how to make a complaint if they were unhappy about anything. Relatives and other visitors were made welcome and felt listened to and valued.

The staff were happy working at the service. They were well supported and had the training and information they needed to care for people. There were appropriate procedures for safe recruitment and there were enough staff to meet people's needs. The staff had a good knowledge about how to keep people safe, protect them from abuse, promote choice and treat people with respect and dignity.

There were good systems for managing the service and for monitoring quality. People living at the home, staff and visitors were able to give their feedback and meet with the manager to discuss the service. There were good systems of communication between the staff and different departments so that all the staff knew how to meet the needs of people who lived there. There were regular audits of all aspects of the service and clear action had been taken when any problems were identified. The external professionals who worked with the provider gave positive feedback about the way in which the service was run.

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 remains Good

People who lived at the service told us they felt safe.

There were appropriate procedures for protecting people from and reporting abuse.

The risks people were exposed to had been appropriately assessed and the staff followed guidance to help keep people safe.

People lived in a safe environment.

There were enough suitably qualified staff working at the service to meet people's needs and to keep them safe.

People received their medicines in a safe way and as prescribed.

Is the service effective?

Good ●

The service remains Good

People were cared for by staff who were well trained and supported.

People had consented to their care where they were able and their choices were respected. The provider had acted in accordance with the Mental Capacity Act 2005 and restrictions on people's freedom had been made lawfully and in their best interest.

People were able to choose from a range of nutritious and freshly prepared food and drink.

The staff worked in partnership with other professionals to ensure people's health needs were being met.

Is the service caring?

Good ●

The service was Good

People had good relationships with the staff.

The staff were kind, caring and polite.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service remains Good

People were cared for in a way which reflected their needs and choices.

There were a range of organised group and individual activities for people to participate in.

Complaints were taken seriously and people felt confident raising concerns.

Is the service well-led?

Good ●

The service remains Good

There was a positive culture at the service.

There were good systems for assessing, monitoring and improving the quality of the service.

The staff worked in partnership with other agencies to ensure people's needs were met.

Franklin House

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.

This was a comprehensive inspection which took place on 31 January 2017. The inspection was unannounced.

The inspection team consisted of two inspectors, a specialist advisor nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal and professional experience of caring for older people and people who had dementia.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. 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.

Before the inspection visit we contacted health and social care professionals who worked with the service and received feedback from two healthcare professionals.

During the inspection we spoke with nine people who lived at the service, eight visiting families and friends and two visiting professionals who included a community nurse and a pharmacist.

We also spoke with the registered manager and other staff on duty who included, nurses, care assistants, the activities coordinator, domestic staff and catering staff.

We observed how people were being cared for. Our observations included a Short Observational Framework Inspection (SOFI) during the morning. SOFI is a specific way of observing care to help us understand the

experiences of people who could not speak with us.

We looked at the environment. We checked how medicines were being stored, administered and recorded. We also looked at the care records for 11 people, records of staff recruitment, support and training, records of complaints, the provider's own audits and other records the provider used for managing the service.

Is the service safe?

Our findings

People who lived at the service told us they felt safe. Some of their comments included, "I feel very safe", "I have no worries at all", "I know the staff care for me and make sure I am ok" and "The staff make me feel so I do not have to worry about anything."

There were appropriate procedures for protecting people from and reporting abuse. The staff had received training in these and demonstrated a good knowledge of what they would do if they were concerned someone was being abused. For example, one member of staff told us, "If I had any concerns I would tell the nurse or manager straight away." Another member of staff said, "I would tell the nurse if they didn't do anything I would tell the manager and we have a whistle blowing procedure." The provider had taken appropriate action when allegations of abuse had been made. They had notified all the relevant authorities and worked with the local safeguarding authority to investigate concerns and keep people safe.

The risks people were exposed to had been appropriately assessed and the staff followed guidance to help keep people safe. There was clear information about each person's mobility and any support they needed to move safely. We witnessed people being supported to move. The staff did this in a safe and caring way. The risk of people choking had been assessed for each individual and there was guidance for the staff on how to support them. We saw people being supported to eat and drink safely. Other risk assessments included the use of bedrails, people drinking whilst in bed, smoking, the use of call bells and other assessments related to their individual physical and mental health. All risk assessments were reviewed at least monthly. The assessments and plans of care included evidence of multidisciplinary input when this was relevant, for example guidance from speech and language therapists relating to the risk of choking.

People lived in a safe environment. The building was safely maintained. The provider had up to date assessments of safety, fire procedures, evidence of checks on equipment and the building and held regular health and safety meetings to discuss the environment with relevant staff. The staff carried out regular checks on infection control and safety. These were recorded. There was an individual emergency evacuation plan for each person. There was clear information about contingencies to be followed in different emergency situations and the staff were aware of these.

The provider kept a record of all accidents and incidents. These were analysed by the staff to identify where improvements to care could be made.

There were enough suitably qualified staff working at the service to meet people's needs and to keep them safe. The registered manager told us there had been successful recruitment drives since the last inspection and there were now more permanent staff employed. In addition the provider used the same family agency (temporary) staff to cover staff absences and vacancies. We saw evidence that all new staff, both permanent and temporary, had a thorough induction to the service and information essential for the work they would be undertaking. At mealtimes, the nurses, activity coordinator and trained domestic staff supported the care assistants so that everyone who required assistance was given this at the right time. We saw that mealtimes ran smoothly and no one had to wait for support. People were served at the same time and were able to eat

their meals together. Throughout the inspection people did not have to wait for any care or support. Call bells were answered promptly.

The provider's procedures for the recruitment and selection of staff were designed to ensure that only suitable staff were employed. They carried out checks which included a formal interview, references from previous employers, checks on their criminal record, identification and eligibility to work in the United Kingdom. We saw evidence of these and copies of staff application forms in the staff records we viewed.

People received their medicines in a safe way and as prescribed. Medicines were stored securely and at appropriate temperatures. There were appropriate procedures and policies regarding medicines and the staff received regular training in this area. The provider carried out competency checks on the staff to make sure they demonstrated the right skills and knowledge relating to medicines. We witnessed staff administering medicines and they did this appropriately. Records of medicine storage and administration were correct. The staff undertook daily audits of medicines and there were additional monthly audits by the senior staff and checks by the supplying pharmacist and Clinical Commissioning Group.

The staff were familiar with the provider's procedures around the use of covert administration of medicines and there was evidence that these were followed appropriately and decisions about this were made by a team of multidisciplinary professionals. There was clear information relating to the administration of PRN (as required) medicines including guidelines for each person and their individual medicines.

Is the service effective?

Our findings

People were cared for by staff who were well trained and supported. The provider had an appropriate system for inducting and training staff. This included regularly training updates and we saw evidence of these. Temporary staff were also given an induction into working at the home. The staff were supported to undertake relevant vocational qualifications and maintain professional qualifications. The staff told us they enjoyed the training and found this relevant. They said they had the information they needed for their roles and responsibilities and could request additional training if needed. Some of the comments from the staff included, "The training is very good", "We can have the training here or in one of the other homes", "The moving and handling training was very good, it was very practical and helpful", "I am one of the cleaners but I do all the same training the carers do so I can help out with caring and I understand about safeguarding etc" and "My induction was really good, I did not always know what I was doing but the training made me more confident."

The staff were well supported and worked together as a team. All of the staff we spoke with commented on how well the team worked together and how well supported they felt. One member of staff said, "I love working here. Everyone really pulls together." There were regular team meetings, handovers of information and individual supervisions and appraisals. These were recorded. The staff told us they were confident with the way in which information was communicated and shared with each other. One member of staff commented, "[The manager] is very good you can ask him anything."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider was acting lawfully and within the principles of the MCA. The staff received information and training which helped them understand this and they were able to tell us about this. For example one member of staff said, "You have to ask people's consent before you do anything. If they can't consent you have to make sure you are doing it in their best interests."

The staff had assessed each person's capacity in relation to specific decisions and these were recorded. For example, people's capacity to consent to living at the service, to the use of certain equipment and to different care interventions. Where people were able to consent, their opinions had been recorded. Where they lacked capacity the staff had consulted with different professionals and the person's next of kin to make decisions in their best interests. There were clear records for this, and evidence of regular reviews. The provider had applied for DoLS authorisations where needed and kept these and any individual conditions under review.

People's nutritional needs were being met. These were assessed upon admission to the home and reviewed monthly. People were regularly weighed and changes in weight acted upon. There was evidence of

consultation with relevant professionals where people were considered at nutritional risk.

People told us they liked the food at the service. Some of their comments included, "There is always a choice and I always have enough to eat", "I mostly have jacket potatoes but every day they offer me other things just in case I fancy something else", "The meals are always lovely and you get a big choice", "If it is something I do not like I can always have something else like a sandwich" and "There is always lots to eat and the tea trolley seems to be going round all the time."

Food was freshly prepared and the menu included a wide range of choices. The menus were displayed in pictorial format as well as words. There was information for people about the ingredients and different allergens. Throughout the inspection we saw people had access to cold drinks and were regularly offered a choice of hot drinks. There were platters of cut up fruit and cakes available with drinks. The kitchen staff undertook daily audits of infection control, food and storage temperatures, cleanliness and food supplies. The service had received a five star rating during a recent environmental health check.

People were supported to maintain good health and have access to healthcare services. There were nursing staff employed at the home who monitored people's health and wellbeing. Visiting community nurses also supported people. The GPs people were registered with visited the home twice a week. There was evidence people saw other professionals when needed. People's health needs were clearly recorded in individual care plans, which were reviewed and updated at least once a month.

People told us they were happy with the way in which their healthcare needs were being met. One person said, "I can see a doctor if I want to and I think the doctor pops in every week." A relative told us, "Since [my relative] came to live here which is not very long ago they have taken the time to review her medication and reduce/change some of her pills and she is so much better for it. She is much brighter and I am so pleased they took time to do that."

A community nurse who was visiting the service on the day of the inspection told us they regularly visited the home. They said, "[The staff] are wonderful here. All the staff I work with are very good at communicating. People's health needs are met and the staff alert us or the GP straight away if anything changes." We witnessed one of the nurses handing over information to the visiting nurse and discussing individual people's needs. There was evidence they worked in partnership to ensure people received the health care support they needed.

A visiting pharmacist told us they were at the home to review the use of prescribed food supplements. They worked closely with the staff at the service and other professionals, such as dietitians. They told us the staff communicated clearly with them and they described the staff as having a very good knowledge of each person who lived at the service.

The staff demonstrated a very good knowledge of individual healthcare needs for each person. Records about different needs, such as wound care and other monitoring were clear and appropriately detailed.

The provider had added features to the home to promote a dementia friendly and interesting environment. Communal rooms and corridors were themed and interactive, For example, one part of the home had information about local history and photographs on display. Other themes included sewing and needlework, the beach, sports, transport and war time history. There was also a music room. The corridors featured tactile pictures and displays which could be played with or moved. There were fabric murals and pictures with detachable features. There were also a large amount of ornaments, books, blankets, toys, dolls, clothes and other equipment around the home. The manager told us people were able to help

themselves to whatever they wanted and take items around the home and to their rooms if they wished. He said that the equipment was there for people to use and enjoy as they wanted. The staff spoke with people about particular themes they would like and this was reflected in the various displays. The lounges included accessible equipment which people were encouraged to help themselves to. Each part of the building had different features to help orientate people and also to provide different stimulation and interests.

There was also a range of information about the service on display and available for people living there and visitors to view, for example results of surveys and quality audits, meeting minutes, information about food and the ingredients used and information about safeguarding adults and the MCA.

One visiting relative told us, "[My relative] is a local [person], [they] know this area and they love to see all the pictures and articles on the wall about West Drayton. [They] are even in one of the photographs in a news article which is on display, a photograph of them when [they] were younger."

Is the service caring?

Our findings

At the inspection of 8 and 9 December 2015 we found that whilst the majority of staff were kind and caring towards people, we witnessed a number of interactions where the staff did not treat people with respect. The provider sent us an action plan telling us how they would improve the service. At the inspection of 31 January 2017 we found improvements had been made. People told us that the staff were kind, polite and caring and we also witnessed this.

Some of the comments made by people who lived at the service and their relatives included, "[My relative] seems very happy. The staff are all kind and patient. You can ask them anything and they are always very helpful", "The staff are always so kind and really look after me", "I know I cannot stay at home so here is a nice place to be as the staff are so kind", "The staff seem very caring and [my relative] seems to be much improved and happier since she has been here. She does not say much but you can see it in her eyes", "I am very happy with the care [my relative] receives, she always looks smart and well dressed and the staff are very attentive" and "I never worry about leaving [my relative] because I know she is well cared for."

Throughout the day we saw the staff being kind, attentive and caring towards the people who they were supporting. They sat and chatted with them and made sure they were comfortable, warm and entertained. When the staff spoke with people they approached them in a calm and gentle way, bending down to their eye level to speak with them, comforting them when needed, offering choices, having a joke and laugh with them and providing all care in an unrushed way which reflected individual needs and choices. The staff were prompt at responding to people asking for help or showing distress. During lunch service, people were shown different options of the meal ready plated up so they could see what was on offer. The staff also took their time to explain what the meals were and different options. When bringing food to people, the staff explained what was on the person's plate and offered them gravy and condiments.

We witnessed some particularly thoughtful and kind interactions. For example, one person was wearing a protective apron which had become caught up. A staff member approached them and said, "I am really sorry to disturb you whilst you are eating but would it be ok if I adjusted your apron because it has slipped around." This indicated the staff member was thinking about how the person would experience the interaction. In another example a person became distressed. A staff member approached them and comforted them allowing the person time to express their upset, acknowledging the person's feelings and listening to what the person was saying.

The staff knew people's needs well and were able to respond to these appropriately. One person told us, "The girls work very well together and nothing is too much trouble for them." Another person said, "The girls know what I want almost before I know myself sometimes." We saw that the staff knew how people liked to be dressed, where they liked to sit, and how they liked to spend their time. They also knew about people's lives, their families and interests, and spoke about these subjects with people. The relationships between the staff and people living at the service appeared natural and comfortable.

People told us their privacy was respected and we saw this to be the case. Care was provided discreetly. For example, when the staff were supporting a person to use a hoist to move, they ensured the person's clothes were adjusted so they covered them appropriately. The staff knocked on bedroom and bathroom doors and waited for an answer before they entered. People told us the staff treated them with respect. One person said, "The girls listen to me and do not rush me." We saw that the staff used people's preferred names when speaking with and about them.

The staff told us they had received training to understand about respect, privacy and dignity. Some of their comments included, "I know all of the residents on all of the floors. We need to know them as this is their home. I treat them like I would want to be treated", "I always knock before going into a room and I always make sure the door is closed when I help with personal care", "I want everybody to feel this is their home and they are the most important person here" and "We must respect people and their privacy and knock on the door if the door is closed."

People were supported to be as independent as they wanted and were able. We saw the staff encouraging people to pour their own drinks if they were able and people were encouraged to walk if they were able and the staff did not rush them. Care plans focussed on maintaining independence and choices and included information on tasks people could complete themselves and how they should be encouraged to do these.

Is the service responsive?

Our findings

The service met people's needs. People and their relatives told us they were happy with the support they received. One relative said, "[My relative] has come on leaps and bounds since [they] have been here, it is a really fantastic place." Another visitor told us that the staff took their time to explain about the different healthcare conditions and needs of their relative. They said, "The staff took their time to explain to me about pressure sores and how to prevent them and what action we could take and we agreed [a plan to care for my relative]. This seems to have worked really well."

People told us they could have showers or baths whenever they wanted and we saw that people were well presented, clean and in clean clothes. The staff told us that people could make choices about the care they wanted to receive. For example, one member of staff said, "If people want to stay in their rooms, or come to the lounge they can, they can get up or go to bed when they like, if they want a shower they can have one, they can eat their meals where they want." Another member of staff commented, "We work together to make sure people get the care they prefer." One person told us, "I like to stay in my room and the staff bring me a paper every morning and always ask if I want to go to the lounge which I do sometimes".

There were detailed care plans for each person outlining their specific needs and how these should be met. The staff were aware of these and recorded how they had supported each person daily. They monitored their wellbeing and there was evidence care plans were followed. These were reviewed monthly or more often if needed.

People told us the service was welcoming to their families. Relatives told us they were well informed and involved. Some relatives spent a great deal of time at the service, they told us they were welcomed and offered food and drinks. They were also able to provide care and support for their relative, for example supporting them to eat. Some of the comments from people living at the home and their visitors included, "I can have friends or relatives here whenever I want to", "My son and family come to see me and they bring their dog which is allowed in to visit me – it's lovely", "My family come in whenever they like", "I come every single day and stay quite late and am made to feel very welcome" and "I come in the morning and then come back late in the afternoon and everyone makes me feel welcome."

There was a dedicated activities coordinator and on the day of the visit we witnessed a number of different organised activities including a game of ten pin bowling which people enjoyed. The staff member who was organising it was laughing and joining in with people. In another part of the house the staff and people were discussing the news and sharing newspapers.

There was a schedule of planned activities which included outings each month. There were regular church services. We saw photographs of different events and activities, which had included baking, reading groups, craft activities, visiting animals, celebrating different special events and festivals, games and reminiscence activities. Local schools regularly visited putting on plays, a fashion show and singing events. The local historical society also had links with the service. In January 2017 people had taken part in a national bird

watching event. In February 2017 the activities coordinator had organised a tea party to celebrate dignity day and events for Valentine's day. There were regular activities such as a fish and chip lunch in the service's pub. The activities coordinator told us that they had reviewed some of the activities to include a wider range of people. For example, every other month the fish and chip lunch was organised for people who needed soft or pureed diets.

The staff also supported people with individual and small group activities which reflected people's interests and skills. For example, some people liked to play card games or listen to specific music. The staff recorded the interventions they had with people throughout the day and the activities coordinator monitored these to make sure everybody was having an opportunity to participate in an activity of their choice throughout the day.

People told us they were able to raise concerns and these would be acted upon. Their comments included, "I know who to talk to if I needed to complain and I think they would listen to me", "I would speak to one of the staff or the manager" and "I would go and see the senior nurse in charge or the manager but I have never had to complain." We saw that there was a record of complaints received. These had been investigated and acted upon and the complainant had been given feedback on the outcome of the investigation.

Is the service well-led?

Our findings

The service was relaxed and friendly. People who lived at the service, their visitors, staff and other professionals commented positively on the culture and atmosphere. People felt the service was well-led. During the inspection we observed the staff were attentive, welcoming and prioritised the wellbeing of people who lived there. The staff attended to their duties in a well organised way. The registered manager and senior staff were seen to spend time in different areas of the service offering support and leadership.

The staff told us they liked working at the service. Some of their comments included, "The best thing about working here is the people, it is very satisfying helping people", "There is good team work", "I work here because it is a good home and we look after the people very well", "I love working here, we get good training and lots of support", "I would live here myself", "I love working here, I make sure I talk with people it is important", "This is a great place to work, we're helping people all of the time when they need it" and "The best thing is the people they deserve the best care we can give them."

Some of the feedback from healthcare professionals who regularly visited the home included, "There is a sense of purposeful calmness about the home, the staff understand and know what they are doing", "[The manager and staff] are very open in their communication and when receiving feedback and advice", "I [regularly] visit Franklin House. I am pleased to say that the staff and the management at Franklin House are well organised. It has been noted that the number of hospital admissions have been reduced significantly because the staff work closely with other services including social services, the rapid response and palliative teams, the tissue viability nurse, community matrons and other services", "The manager comes across confident, empathetic and has good relationship with patient's families, the GPs, nurses and other professionals involved in the care of patients in the Franklin House", "The staff are well treated and valued. It was noticed the nurses and carers know their patients very well and are able to provide necessary information when needed. The Franklin House environment is clean and tidy. It is a great pleasure to work with the team like this", "The staff have the skills to care for people who have complex healthcare conditions" and "There has been a reduction in the number of falls at the service, medication errors are rare. Our team feels the nursing home is well managed and the residents receive excellent care."

There was a registered manager in post. They were appropriately qualified and had worked at the service and other Care UK Partnership services for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and senior staff from each department at the service met each morning to discuss the service and make sure they were all aware of any specific issues or needs. These meetings were recorded. The staff told us they found them a very useful tool. In addition there were regular meetings for nursing staff, catering and domestic staff and health and safety meetings to discuss specific areas of the service. The registered manager attended these meetings and worked closely with the staff to review how

the service was being provided. We saw records of these meetings which included highlighted actions for improvement and evidence that previously identified improvements had been acted upon.

The manager and senior staff were seen around the home on inspection day and had a good rapport with people living there and staff. They had a hands-on approach and knew each person individually.

The staff told us they felt supported by the registered manager and deputy manager. Some of their comments included, "The management are so good", "[The manager] tries anything we ask – he is very supportive of staff", "[The manager] is approachable and visible", "[The manager is very good] you can ask him anything" and "The manager is very good."

Records were well organised, up to date and accurate. There was clear information available to all staff within each unit and department about their roles, responsibilities and the people who they were caring for. The registered manager had accessible and clear information about meetings, how complaints were investigated, audits and improvement plans.

The provider undertook appropriate audits of all aspects of the service and there was evidence action was taken when problems were identified. There were regular meetings with people who lived there, relatives and staff. The provider also asked all stakeholders to complete surveys about their experiences. The results of these were incorporated into the development plans for improvements at the service and we saw that changes had been made as a result of feedback from others.