

# Residential Care Services Limited

## Franklyn Lodge

### Inspection report

71A District Road  
Wembley  
HA0 2LF  
Tel: 020 8902 5205  
Website: [www.franklynlodge.com](http://www.franklynlodge.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?

Requires improvement 

Is the service well-led?

Good 

#### Overall summary

We undertook an unannounced inspection of Franklyn Lodge at 71A District Road on 1 June 2015.

Franklyn Lodge is a care home registered to provide personal care and accommodation for a maximum of three adults who have a learning disability. At the time of the inspection, three 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 2 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 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.

# Summary of findings

Arrangements were in place to protect people from avoidable harm and abuse. Safeguarding and whistleblowing policies and procedures were in place. Staff undertook training in how to safeguard adults.

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.

People were not restricted from leaving the home. They went out and enjoyed various activities and community outings. However, one person using the service was not engaged in meaningful activities and experienced a lack of mental stimulation.

People were treated with respect and dignity. Care workers were patient when supporting people and communicated with people in a way that was understood

by them. However, we received some feedback from relatives telling us, they were not happy with some of the care workers and their mannerisms towards people using the service were sometimes not caring.

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.

Relatives and care worker spoke positively about the registered manager. There was a clear management structure in place with a team of care workers, registered manager, senior managers and provider.

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

We have made a recommendation about introducing meaningful activities for people to be positively engaged with.

# 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?

The service was safe. There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

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 us told they would ensure this was addressed promptly and risk assessments would be reviewed.

Care workers had worked at the home for a number of years which ensured a level of consistency in the care being provided and familiarity to people using the service.

Good



### 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. One person using the service told us “Yes I like it here. They look after me.”

We saw 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. However we received some feedback from relatives that sometimes the care workers mannerisms were not caring.

People were being treated with respect and dignity.

Good



### Is the service responsive?

There were aspects of the service which were not responsive. People were supported to follow their interests, take part in them and maintain links with the wider community. Two people using the service attended day centre however one person was not actively engaged in meaningful activities.

There were arrangements in place for people's needs to be assessed, reviewed and monitored.

The home had clear procedures for receiving, handling and responding to comments and complaints.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was well led. There was a clear management structure in place with a team of care workers, registered manager, senior managers and 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

## 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 three 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 three relatives. We also spoke with the senior manager and two care workers. We reviewed three 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

One person using the service told us “Yes I am safe here” and two relatives we spoke with felt their family members were safe in the home.

There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with 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 directly to the registered manager, social services, the police and CQC. One care worker told us “If something was wrong. I won’t hide it, I will report it. The managers here really encourage us to whistleblow and report any safeguarding.” Care workers were also able to explain certain characteristics a person they cared for would display which would enable them to know that something was wrong or the person was not happy. For example, one care worker told us “I look out for marks but also if they appeared to be not comfortable and how they react towards different people.”

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service which helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Each assessment had an identified risk and action plan to manage the risks and were individualised to people’s needs and requirements. For example, we observed one person was being supported with their mobility and appropriate risk assessments were in place to ensure the person was safe in areas such as falls and getting the person in and out of the bath. When people displayed signs of behaviour that presented a challenge, there were guidelines which showed the support that was required by staff to help people feel at ease. Speaking with care workers and records showed the home used proactive strategies to deal with behaviours that challenged such as diverting the person’s attention to something they liked and enjoyed such as tea or going into the garden. One care worker told us “We always talk to them and give them reassurance asking if they are okay. We use distraction techniques like offer them a drink or ask if they want to go in the garden which helps to calm them.”

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 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. The senior manager told us they would review the assessments and ensure they contained more detailed information relevant to people’s needs.

There were suitable arrangements in place to manage medicines safely and appropriately. We looked at 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. One care worker told us “When we give them their medicines, there are always two of us to do it to make sure it is done correctly.”

We asked care workers whether they felt there was enough staff in the home to provide care to people safely. Care workers told us “We have four permanent staff here. There is fixed shifts and good teamwork. The managers are flexible and accommodating” and “The manager is good. There is good teamwork and always staff available.” Care workers had been with the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service.

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.

# Is the service effective?

## Our findings

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” and “I enjoy it here and they teach me a lot of things.”

We looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Training records showed that care workers had completed training in areas that helped them when supporting people and these included safeguarding, infection control and challenging behaviour. Care workers told us “We always get the training and I am happy with that” and “They give you a lot of training and it really helps me to do my job.”

Records showed care workers received regular supervision to monitor their performance. Records showed areas such as safeguarding, the principles of the Mental Capacity Act and supporting people to improve their independent living skills were discussed as part of their supervision meetings. One care worker told us “We have monthly supervisions and we can share our concerns.” Records also showed that staff had obtained National Vocational Qualifications (NVQs) in health and adult social care and the registered manager supported staff to develop their level of skills and knowledge. One care worker told us “[Registered manager] listens. He is a good manager and supports you. He supported me to obtain my NVQ qualifications.”

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained information about the person’s mental state and levels of comprehension. A mental capacity assessment had been completed which outlined where people were able to make their choices and decisions about their care.

Care workers showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that care workers had received MCA training. Care workers told us “We ask them, prompt them and let them make their own decisions” and “We support them and give them choice.” 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.

Records showed some arrangements were in place to manage the finances of people using the service as they did not have the capacity to do so themselves. Relatives were involved and they confirmed this when speaking to them. The senior manager told us they were also looking to obtain a power of attorney from the local authority and independent advocacy arrangements for people using the service.

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, risk assessments were in place and we saw that if required, they were supported by staff when they went out. When speaking with care workers, they showed a good understanding of how people’s liberties could be deprived. One care worker told us “We need to make sure they have the freedom to do what they want and not deprive them of that. And they get the support they need for their safety.”

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 two people using the service as it was recognised that there were areas of the person’s care in which the person’s liberties were being deprived.

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. One care

## Is the service effective?

worker told us “If [person] is in pain, they would be very quiet and it would show in their face. I will ask if [person] is okay and if they shake their head, I will take them to the doctor.” One relative told us “[Person] is happy when you see them, looks fit and healthy.”

People were supported with their nutrition and hydration needs. People’s eating and drinking needs and preferences were recorded and their weight monitored on a monthly basis. We found the home accommodated people’s religious and cultural needs. For example in one person’s care plan, it stated their favourite food was spicy foods and care workers told us the person’s family would often bring food from their culture which the person really enjoyed. When we spoke to relatives, they confirmed this. There was also information in their care plan not to give them beef or pork due to their religious beliefs. Risks to people with particular needs with their eating and drinking such as ensuring the food was cooked well and soft to allow easy swallowing were also identified.

We observed people using the service were given drinks and snacks throughout the day 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 appeared to enjoy their food and ate everything on their plates. One care worker told us “If they don’t want something, they will shake their head or not eat it. We have a picture menu that we show them so they can pick something else or sometimes they go into the kitchen and can point towards what they would like.”

We asked the senior manager how they monitored what people ate to ensure they had a healthy and balanced diet. The senior 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

One person using the service told us “Yes I like it here. They look after me.” Relatives told us “It is like a home to [person] as long as [person] is comfortable that’s the main thing” and “The staff are quite nice and treat [person] with respect.” However we received some feedback from relatives telling us, they were not happy with some of the care workers and their mannerisms towards people using the service was sometimes not caring.

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.

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. During the inspection we observed when a person wished to rest in their room, this was respected and accommodated for. Care workers kept doors closed and knocked when entering people’s rooms.

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. When speaking to care workers they had good knowledge of what people liked to do and how they encouraged people to be independent. One care

worker told us “[Person] can set the table, do their laundry and bring the clothes inside when they are hung out to dry. [Person] will even do the Hoovering if they are in a good mood.”

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. Their care plan also detailed ways the person was comfortable with for staff to encourage and support the person to express themselves and ensure they felt they were being listened to. For example with the use of objects of reference and in one person’s care plan it stated staff are to “Communicate with me verbally with short sentences.”

People using the service were supported to express their views. Records showed there were one to one meetings between people using the service and their keyworkers. Records showed that different methods of communication were being used to engage people including pictures, facial expressions and key words. People were encouraged to say what they liked and didn’t liked and were asked if they were any issues or concerns they had. The way people had responded was recorded. For example, in one record, it stated the person “Smiled” to indicate there were no concerns and they were okay.

Meetings were also taking place between the person using the service, their keyworker, registered manager and family where aspects of people’s care were discussed and any changes actioned if required. When speaking to relatives they confirmed this. Relatives told us “Yes we have the meetings. I have seen all the paperwork.”

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. We looked at the three 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 and provided prompts for staff to enable people to do tasks by themselves. For example in one person's care plan, it stated "I cannot perform this task independently however I can point at clothes of my choice." This demonstrated that the provider and 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 each person's personal and individual needs. Care workers also told us there was a handover after each of their shifts and daily records and communication book were completed by care workers.

We found the daily records and communication book difficult to follow and information was not detailed and in some cases duplicated and contradictory. For example the term "They were engaged with activities of their choice" was used several times in the communication book however no details were provided as to what those activities were. This term was also repeated in people's daily logs and what people had eaten during the day was recorded in an additional book. We discussed this with the senior manager and she stated that they would look to ensure information about people was recorded better and easier to follow.

The home encouraged and prompted people's independence. Daily skills such as being involved with household chores were encouraged to enable people to do tasks they were able to do by themselves. During the

inspection, we observed a care worker asking a person whether they wanted to help them cook the food and another care worker prompted a person to help them take the clothes off the washing line and bring them inside.

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

One person using the service did not attend day centre and in their care plan we saw an alternative weekly activity timetable containing activities for them to be engaged with. However we noted the activities listed were not meaningful or might not provide any mental stimulation for that person. For example they included looking through magazines, listening to music, puzzles and going for a walk.

During the inspection we observed although care workers were present and attentive to the person's needs, we observed the person did not have much to do apart from them listening to music on the television. Although this was something the person enjoyed as they were singing along, we observed there was a lack of interaction or mental stimulation for this person whilst the other people were out. We observed there were instances where this person was not spoken to and no effort was made to engage the person in a meaningful manner. Care workers carried on with household chores and we observed in some instances care workers were reading the newspaper and busy with their phones. In the afternoon, we observed one care worker had taken the person out for a short walk in the afternoon. Our concerns were that the person was not actively engaged and remained in the home each day and there was a lack of development for the person to maintain social relationships with people and within the community.

**We recommend the service identify the possibility of introducing meaningful activities for people to be positively engaged with and be supported and encouraged to develop and maintain social relationships within the community.**

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted six monthly

## Is the service responsive?

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. We asked a person using the service what they would do if they were not happy with something, the person told us "I know if I have a problem I can speak to [registered manager] and I know I can also speak to [senior manager] too!" Records showed there were no complaints received about this service.

# Is the service well-led?

## Our findings

When speaking about the registered manager, relatives told us “[Registered manager] is a lovely man, a nice man” and “[Registered manager] lets me know if they need anything and calls and emails are exchanged all the time.”

There was a management structure in place with a team of care workers, registered manager, senior managers and provider. Care workers spoke positively about the registered manager and told us “He is a good manager. He is always available for you.” A care worker also spoke positively about the culture within the home and told us “Anytime I need them they respond”, “The managers and directors always pick up their phones when you need to call them” and “I have no complaints, they are friendly, open and don’t hide anything.”

Monthly staff meetings were held and minutes of these meetings showed aspects of care were discussed and that the staff had the opportunity to share good practice and any concerns they had. Records showed some of the areas discussed during these meetings included reporting incidents, MCA, supporting people with activities,

teamwork and communication. One care worker told us “Yes we have team meetings. The manager keeps us updated and we speak about the people and what they need.”

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.