

Residential Care Services Limited

Franklyn Lodge 9 Grand Avenue

Inspection report

9 Grand Avenue
Wembley
Middlesex
HA9 6LS

Tel: 02089023070
Website: www.franklynlodge.com

Date of inspection visit:
17 August 2023

Date of publication:
09 October 2023

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Franklyn Lodge 9 Grand Avenue is a care home providing residential care to 6 people with learning disabilities.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Some staff worked long hours without an appropriate rest break before their next shift. People were cared for by staff who had been recruited and employed after appropriate checks had been completed. We found that there were gaps in staff training and it was not clear if training had been completed by some staff. There were systems in place to minimise the risk of infection. Medicines were managed effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

There was a calm and relaxed atmosphere in the service. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Care and treatment was planned and delivered in a way which focused on people's individual needs. People were supported to help achieve their goals and aspirations by a staff team who knew them well. However, it was not always evident that people were supported to engage in activities that enabled them to develop their skills. Communication was either verbal or through observing people's reactions to suggestions or actions.

Right Culture:

The service had made some improvements to their quality assurance system since the previous inspection. However, we found that there were still some areas that needed to be addressed and were not assured that quality assurance systems were sufficiently robust. The registered manager promoted a culture in the home where staff valued people's individuality and protected their rights. Staff were responsive to people's needs and wishes. Staff and family members spoke positively about the management of the service. The staff turnover at the service was low, which helped ensure people received consistent care from staff who knew them well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 7 May 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and recommendations

We have identified 1 breach of regulation in relation to quality assurance at this inspection. We have also made a recommendation in relation to staffing, staff training and activities.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Franklyn Lodge 9 Grand Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Franklyn Lodge 9 Grand Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met 5 people who lived in the home. They were unable to speak with us due to their needs. We therefore observed interactions between them and staff. We spoke with 2 family members. We also spoke with 4 care workers, the HR manager and the registered manager. We looked at a range of management records including medicines, quality audits and health and safety checks. We reviewed 6 people's care records and 3 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager and HR manager sent us documentation we asked for and clarified any queries we had. We also obtained feedback from one care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm. Systems and processes to safeguard people from the risk of abuse.

Staffing and recruitment

- The previous inspection found that 1 staff member worked long hours with a short break and we previously made a recommendation regarding this. During this inspection, the registered manager told us that they had revised the staffing rota so that staff did not work lengthy day shifts without appropriate breaks. They had also implemented risk assessments for those staff that worked longer hours. We reviewed the staffing rota for May to August 2023 and found some staff worked long hours. For example, 1 staff member worked from 7am - 10pm for 3 days in a row and 2 staff worked 7am -10pm for 2 days in a row. This meant they continuously worked 15 hour days. We noted that where staff worked until 10pm on 1 day, the next day they started work at 7am. This meant that they had 9 hours rest between shifts instead of the government statutory 11 hours rest between shifts.

We recommend that the provider review their shift patterns to ensure staff have appropriate breaks between shifts.

- Following the inspection the provider wrote to us to tell us that they have reviewed their rota to ensure staff have adequate rest between shifts. We will review this at our next inspection.
- The provider carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Checks were made on their suitability through Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by a staff team which included regular consistent staff. The registered manager told us, "People in the home are autistic so routine and familiarity is very important. Having continuity in terms of staffing is important."

Assessing risk, safety monitoring and management

- People had individual risk assessments in place. These included risks associated with health conditions and behaviour management. Risk assessments included areas such as falls, diabetes, mobility and going out in the community. Where risks were identified, guidance was put in place about how to manage these.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.
- There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. These included an independent legionella and water safety risk assessment. Regular checks on

appliances and equipment and checks on safety items such as window restrictors were carried out.

- A fire risk assessment had been carried out in June 2023. Fire drills, emergency lighting and regular fire alarm tests had been carried out and were recorded appropriately.
- Family members we spoke with were confident people were safe in the home. One family member said, "I am confident that [my relative] is safe in the home." Another family member told us, "[My relative] is safe there. I am happy with the home. [My relative] is very settled in the home and comfortable."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. There were no gaps in the Medicines Administration Records (MARs) we reviewed which provided assurance medicines were being given as prescribed.
- Medicines were stored safely and correctly.
- People prescribed 'as needed' medicines had guidelines in place so staff would know when and how to administer these.
- The service ensured situations where people expressed distress or agitation were not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance, there were no restrictions to visitors at the time of inspection.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents.
- We looked at a sample of incident/accident records. These included information about the nature of the incident/accident and action taken following this. However, these did not include details of lessons to be learnt to mitigate the incident/accident from occurring again. We raised this with the registered manager who confirmed that in the future this information would be recorded.
- The registered manager was aware of their responsibility to notify the CQC appropriately of incidents that had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed some training to help support people safely and effectively. Areas included moving and handling, first aid, infection control and medication. We looked at the training matrix and found that the majority of staff had completed training. However, we identified that there were some gaps where it was not evident whether staff had completed training. For example, 3 staff had not completed epilepsy/diabetes awareness and 5 staff had not completed dementia awareness and dignity in care training. We could therefore not be sure that they were aware of what to do in such situations. We raised this with the registered manager who advised that they would review this and ensure all outstanding refresher training was completed.

We recommend the provider seeks and follows best practice guidance on training and monitoring staff.

- Staff we spoke with told us they received training and found this useful in their role. A member of staff told us, "Training is regular and it is helpful." Another member of staff said, "I have completed training. It is really superb. Online and practical. It has been helpful to my role."
- Staff told us that they met with the registered manager for 1-to-1 supervision, which provided opportunities to discuss their performance and professional development. Supervisions occurred quarterly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed. The registered manager completed pre-admission assessments for people before they joined the service to ensure their needs could be met. People's care plans outlined their individual health and social needs, as well as their preferences.
- People had care and support plans that were personalised and reflected their needs and aspirations, and included physical and mental health needs. These were reviewed to ensure that they accurately reflected people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. People's care plans outlined their likes, dislikes and preferences in relation to food and drink. Staff we spoke with understood the importance of ensuring people were hydrated and understood people's food and drink preferences well.
- People's cultural food preferences and religious needs were met and catered for. There was a varied menu which included various options as requested by people. A family member we spoke with told us that the home provided vegetarian food for their family member and they spoke positively about this.
- We checked the kitchen and saw it was well stocked with a variety of foods. The kitchen was clean and

well maintained. Food prepared in the home was mostly freshly prepared from scratch by care staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met. Records included details of healthcare professionals involved in people's care. Healthcare appointments were documented in care records.
- People's oral care needs were clearly documented in people's care plans and included a routine and strategy to help support them with this. People had access to a dental service for routine and emergency appointments as needed.

Adapting service, design, decoration to meet people's needs

- The service was adapted and designed to meet people's needs. People's bedrooms were decorated in line with what people wanted.
- People's care was provided in a safe, clean, well equipped, and well-maintained environment which met people's sensory and physical needs.
- The home had recently been renovated and redecorated to ensure that it met people's needs and was a homely safe environment. Aids and adaptations had been installed to support people's mobility. A disability access risk assessment had been carried out by an external company in June 2023. This assessment made some recommendations. The registered manager confirmed that they were in the process of addressing these recommendations.
- Family members praised the home environment. One family member said, "There is a homely atmosphere."

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS authorisations had been identified and applied for by the provider. We noted that some DoLS authorisations had expired and queried this with the registered manager. They explained that they had chased these with the relevant body and would continue to do so until completed. Management had a record of this which helped them to have oversight of this.
- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care.
- Staff were aware of people's capacity to make decisions through verbal or non-verbal means, and this was documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind, caring and attentive staff who respected them as individuals. There was a relaxed and comfortable atmosphere in the home. We observed people and staff had positive interactions.
- Family members spoke positively about staff. A family member said, "I am absolutely happy with the care [my relative] receives at Franklyn Lodge. The [registered manager] is very nice and looks after [my relative] well. Staff are nice and look after [my relative]." Another family member told us, "It is a very good home. [My relative] is smiling and happy here. [My relative] is well looked after."
- Staff spoke knowledgeably about how they ensured people received support that met their diverse needs, including spiritual and cultural. Staff supported people to attend religious services.
- Staff we spoke with understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including equality and diversity and Equalities Act 2010.
- People received their care from consistent staff, which family members spoke positively about. A family member said, "The staff in the home are the same. This means [my relative] knows the staff. There is consistency. It does make a difference."
- Family members we spoke with told us staff welcomed their involvement in the life of the home and kept them updated of developments. A family member said, "They keep me informed of how [my relative] is progressing."

Supporting people to express their views and be involved in making decisions about their care

- Care records included guidance for staff to follow when supporting people. They included details of how people expressed their choices and staff facilitated this daily through their interactions.
- Staff supported and encouraged people to express their views. People in the home were unable to communicate verbally and staff used people's individual preferred communication styles to develop a rapport with them and to help make decisions. Staff used picture cards and described the gestures or body language used to communicate with people and what they meant.
- Staff monitored people and recorded their progress on daily notes which were held electronically. This included areas such as nutrition, hydration, activities, health concerns and appointments. This helped staff to respond to people's changing needs promptly.
- Staff supported people to stay in contact with those who were important to them. Family members with the legal authority had been involved in decisions made about their family member's care.

Respecting and promoting people's privacy, dignity and independence

- People received care and support from staff who respected their privacy, dignity, and independence.

People were matched with a designated care staff to ensure continuity of care. This enabled them to build a relationship based on trust. On the day of the inspection, we observed that people were at ease, happy and engaged.

- People were supported to identify their individual goals which were recorded in their care records. Staff we spoke with understood people's goals and provided opportunities to develop people's independence to achieve these.
- People's freedoms were respected and they had opportunities for privacy by choosing to spend time in their room alone.
- People's support plans had personal information written about them in a respectful way. Staff understood their responsibilities in relation to handling people's confidential information. Care records were stored securely in locked cabinets in the office and, electronically.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- On the day of the inspection, we observed that the majority of people were in the home with the exception of one person who went to a day centre.
- Each person had their own activities timetable. However, we were not assured that activities available were always specific to people's individual interests. For example, 1 person's activities timetable stated on Monday afternoon, 'dance move with staff while watching dance channel' and on Tuesday afternoon, 'fresh air in the back garden'. Another person's activities timetable stated, 'watch telly/relaxation' every evening for the whole week. The activities available did not always enable people to develop and maintain social relationships with people and within the community. There was a lack of evidence that people were supported by staff to try new things and develop their skills.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed important information and guidance to help support staff to recognise and respond appropriately to their social and emotional needs. For example, they included a description of possible behavioural triggers, consideration of the environment, actions to support de-escalation and individual levels of risk posed.
- Since the previous inspection, the provider had introduced an electronic care planning system. This enabled staff to record people's care and support in real time and make appropriate changes immediately so that records were consistently kept up to date.
- Staff used person-centred care documents in easy read format to ensure people were involved to review their care and plan how to reach their goals and aspirations.
- People received personalised support which met their individual needs and preferences. Where people had specific health needs, information on how staff should offer support was recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- The provider was meeting the Accessible Information Standard. Information was produced in formats people understood.
- People had varying communication needs. Staff knew how people communicated and were observed responding to people's facial expressions and body language.
- People's preferred ways of communicating were known and staff understood key signs that people used, and which supported their communication. Care records contained information on how to best communicate with people to promote their wellbeing. Pictures were used to enhance people's engagement and understanding.

Improving care quality in response to complaints or concerns

- There was a complaints policy and a system in place to record complaints and concerns. The registered manager told us the service had not received any formal complaints since the last inspection.
- Family members we spoke with told us they were confident if they had a concern or complaint about the service, it would be resolved.
- The service had an easy read version of how to make a complaint so it would be easier for people with a learning disability or who were autistic to understand.
- Staff told us they knew how, and to who, to raise any concerns they had and wouldn't hesitate to do so.

End of life care and support

- At the time of this inspection, nobody was receiving end of life care. The provider had an end of life care policy so staff would know how to support people sensitively at the end of their life.
- The registered manager told us end of life support plans would be completed when required, with the involvement of relevant individuals and palliative health care professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The previous inspection found that the provider's quality assurance system failed to identify and rectify deficiencies and a recommendation was made in respect of this. During this inspection, we found that the service had made some improvements to their quality assurance system and carried out checks relating to the maintenance and running of the home, care records and people's finances. However, we found some issues had not been fully addressed and therefore could not be assured quality assurance systems were robust.
- During this inspection, we reviewed a sample of medicine audits. Management carried out an overall medicines audit covering medicines in the home and also personalised medicines audits for people that received medicines support. We found that there were occasions where medicine audits lacked detail and were not completed fully.
- We previously raised an issue regarding staff breaks. During this inspection, we found that this issue had not been fully addressed and there were instances where staff were working long shifts without a sufficient break before the next shift.
- We noted that there were some gaps in staff training and it was not evident that staff had completed refresher training in some areas.
- Whilst people had activities timetables in place, it was not evident they were supported to engage in activities that enabled them to develop their skills and maintain social relationships.
- The current auditing systems in place were not robust enough to show that the quality of the service had been assessed and improvements to the safety and quality of the services being provided to people had been made.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to ensuring person-centred care. There was a shared commitment to the culture and values of the service. Staff showed a clear understanding and commitment in providing person centred care and helping people to identify their goals.
- On the day of the inspection, we observed that the registered manager and staff were visible in the home and took a genuine interest in people and interacted with them positively.
- Family members spoke positively about the home and said that the registered manager was

approachable. One family member told us, "I can speak to management without hesitation if I have any concerns."

- Family members told us staff kept them updated on their relative's wellbeing.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff felt able to raise concerns with the registered manager and spoke positively about working at the home. One member of staff told us, "Massive support from the management. They always consider us and look after us. Always someone to speak to. Anything that you feel you need and want, the management make provision for it. We get excellent support here." Another family member said, "[The registered manager] is always ready to listen. She is a good manager. I am well supported. She does her best. I love working here. Nice place to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The home had a clear management structure in place. Staff were well informed of their roles and reporting arrangements.
- During this inspection, the registered manager and HR manager were open and receptive to our feedback and indicated a willingness to make improvements.
- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the quality of the service. The registered manager was aware of their responsibility to notify the local authority and CQC appropriately of safeguarding concerns.
- The registered manager and staff knew people well and were knowledgeable about people's individual needs.
- Staff had access to up-to-date policies and procedures, which included the business continuity plan in case of any emergency. Staff were kept up to date about people's needs through daily handovers to ensure any changes to people's support was shared.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered manager confirmed that the last survey carried out to gather family members views about the quality of care provided was in 2020. We discussed the length of time since the last survey and the registered manager confirmed that they would carry out a survey to obtain feedback. They did highlight they had regular conversations with family members to ensure they had an opportunity to share feedback and this was confirmed by family members we spoke with.
- Managers at the provider's various locations attended monthly management meetings. These meetings enabled managers to discuss relevant issues and share information. The aim of these meetings was to encourage managers to learn from one another and drive improvement.
- Systems were in place to support staff. Staff told us they liked working at the service and worked well as a team. One member of staff told us, "It is a well organised home and staff and management are supportive. We work as a team. It is a well managed home." Staff meetings were used to share information and updates and provided feedback as to what was working well, and where improvements were needed.
- Notifications to CQC had been submitted when necessary.

Working in partnership with others

- The registered manager worked in partnership with professionals such as the GP and local specialist support services to provide people with timely access to appropriate care to meet their health and wellbeing needs.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The current systems in place were not effective enough to assess, monitor and improve the quality and safety of the services being provided to people.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>