

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Franklin House

The Green, West Drayton, UB7 7PW

Tel: 01895452480

Date of Inspections: 17 July 2014
15 July 2014

Date of Publication: August
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Management of medicines ✓ Met this standard

Staffing ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Care UK Community Partnerships Limited
Registered Manager	Miss Nompilo Ndlovu
Overview of the service	Franklin House provides accommodation with personal and nursing care for up to 66 older people. At the time of the inspection 62 people were living at the home.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	8
Staffing	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
Records	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 July 2014 and 17 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and were accompanied by a pharmacist.

What people told us and what we found

We spoke with ten people who lived at the home, eight visitors and ten members of staff, including the registered manager. Most people were happy with the care they received.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found-

Is the service safe?

The service was safe. People were given the support they needed to manage their medicines. The building was safe and free from hazards. There were enough staff on duty to meet people's needs. People had their needs and risks to their wellbeing assessed.

Is the service effective?

The service was effective. People's needs were assessed, recorded and monitored. The staff knew about the individuals they were caring for. People were happy living at the home and felt their needs were being met.

Is the service caring?

The service was caring. The staff were kind and polite towards people. People told us they were comfortable and well cared for.

Is the service responsive?

The service was responsive. Where people had an identified need this had been recorded and the staff made sure these were met. When people had developed a wound or had an accident, this had been appropriately assessed and action taken to reduce the risks of this happening again.

Is the service well-led?

There was an experienced manager in post who knew the needs of the service. There were clear lines of responsibility and accountability in the staff team. The staff were well supported and trained. There were systems to assess the quality of the service and to identify and manage risks.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People told us they were treated with respect and the staff were kind and caring. Two of the relatives said the staff provided, "peace of mind" because they knew they cared for them well. They confirmed the staff really knew the individual needs of their relatives and could identify when someone was beginning to get distressed, and act on this to offer them comfort. Relatives said they had seen examples of this.

Throughout our visit the staff were kind and considerate towards people. They asked about their wellbeing and took time to listen to their answers. They offered them choices and checked they were happy with the care being provided. They explained what they were doing when supporting someone, for example when using a hoist to move them.

The people who we spoke with said the staff offered them choices and respected these. For example, whether they joined in with an activity, what they wanted to eat and when they wanted to do things. Most people told us they were able to rise and retire when they wished, however one visitor said that the staff did not always support their relative to go to bed at a time they wished because they were busy attending to other tasks.

The service held regular meetings for people who lived at the home and their relatives. These allowed people to express their views on the service. People's views were also represented in the care plans and in pre-admission assessments. The service had written information available about medicines to give to people if they wanted this, and we saw that the manager had produced detailed guidance about one person's medicines at the request of a relative.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed before they moved to the home. There were detailed care plans on health and personal care needs which reflected the assessed needs. Where people had developed a wound or another temporary need, care plans had been created for these as well. We saw that the staff monitored people's health and wellbeing and recorded this. Records indicated that people's needs were met. People told us they were able to see their doctor and other healthcare professionals when they needed. They said the doctor visited at least once a week. They told us their other needs were also met and the staff supported them to take a bath or shower whenever they wanted. We saw people looked well cared for. They were dressed in weather appropriate clothes and were offered drinks and food throughout our visit. Where people were at risk, these risks had been assessed. There were plans in place to make sure they received the right support to minimise the risks.

The home employed an activities coordinator who organised a range of social activities. The other staff helped to facilitate these. On the day of the inspection a physiotherapist was holding a group exercise session, these sessions took place weekly. Some people were also supported to use the garden to entertain visitors. There was a programme of organised activities and events on display. The people who we spoke with told us they were happy with these and said they were also able to do their own thing if they did not want to take part in organised activities.

Although the majority of people told us they were well cared for, a small number of people said the staff took a long time to respond to call bells when they asked for assistance.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines, because the provider had appropriate arrangements in place for the management of medicines.

Reasons for our judgement

We inspected the management of medicines on all three units at the service, and we found that staff consistently managed medicines in a safe way.

We saw that medicines, including controlled drugs, were stored safely, and records were kept which showed that medicines were kept at the correct temperatures to remain fit for use.

All prescribed medicines were available, and there was a robust system in place to ensure medicines were re-ordered on time so that people did not miss any doses of prescribed medicines.

Clear, accurate and up to date records were kept on medicines received and medicines administered to people. These records showed that people were receiving their medicines as prescribed. There were effective daily checking procedures in place to ensure that medicines were being administered as prescribed, and to check that records were completed fully.

People's medicines were reviewed regularly by the GP and people's behaviour was not controlled by the use of medicines. Written guidance was in place about the use of medicines to manage pain, and a pain assessment tool was in use to assess the level of pain and check whether pain-relieving medicines were effective. We saw that some people were not able to communicate verbally when they were in pain. More personalised guidance was not in place for staff to enable them to tell when these people were in pain.

We noted that the dosage of one person's medicines had been changed in June, from three tablets a day to four tablets a day. The provider may find it useful to note that staff were administering medicines from a blister pack containing the original dose, and labelled with the old instructions. Although staff told us that the new dose was being given, it was not clear whether this was the case. Using medicines blister-packed and labelled with old instructions is an area of risk.

The provider had a risk assessment procedure in place to use if anyone wished to manage

their own medicines to retain their independence. When we asked whether the service was supporting anyone to manage their medicines, the manager told us people were either unable or unwilling to manage their medicines.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The organisation had a suitable procedure for recruiting new members of staff. This included formal interviews and obtaining references and other checks on their suitability. The staff who we spoke with told us they had been recruited in accordance with this procedure. We looked at the recruitment records for the three most recently recruited members of staff. These included formal identification, an application form, evidence of criminal record checks and references from previous employers. This meant the provider followed procedures to check the suitability of staff to work with vulnerable people.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

Reasons for our judgement

The staff who we spoke with told us they were supported. They said they had regular individual and team meetings with their manager and they could approach the manager for support at any time. The staff told us they worked as a team and communicated well with each other. There were daily handovers of information which all staff were involved in. We saw evidence of team meetings and other records which showed the staff were well informed about their role and responsibilities. There was a schedule of individual supervision meetings and the manager told us she monitored this. This meant the staff had the information and support they needed to carry out their roles.

We spoke with two members of staff who had started work at the home in the last few months. They told us they had been given a thorough induction which included training and shadowing experienced members of staff. They told us they had been well supported through the process. More experienced members of staff said they had regular refresher training in areas such as manual handling and protection of vulnerable adults. The manager told us training was available from the organisation whenever she requested this so she could make sure the staff had up to date training in all areas. There was a record of training and this identified when a member of staff needed their training to be updated. Some training was conducted by the manager or senior staff at the home who could assess staff competencies, for example in manual handling and administration of medicines. This meant people living at the home were cared for by well trained and appropriately skilled members of staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider asked people who lived at the home and their relatives to complete annual satisfaction surveys. These asked them about the experiences of different aspects of the service and also their overall satisfaction. An action plan had been created where people had identified concerns or problems. There were regular meetings for people living at the home and their representatives. We saw the minutes from the most recent meeting and saw that people were informed about the service and consulted about their opinions. The minutes were on display and available for people to look at.

The provider undertook a number of regular checks and audits on the service. These included checks on the environment, records, medication and people's care. Where problems had been identified an action plan had been created to say how the provider would put things right. We saw evidence that problems were rectified between audits and that the service had improved.

All accidents and incidents were recorded. Records of these were analysed by the manager to see how the service could reduce the risk of these happening. Complaints were recorded and dealt with appropriately. There was evidence of learning from accidents, incidents and complaints.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at records relating to people living at the home. These were accurate, up to date and regularly reviewed. The information was recorded in an accessible way and copies of care plans were shared with the person or their relatives. We saw that where people had wounds there were detailed records of these which showed how the wound should and was being treated and its progress. There were charts which recorded people's daily wellbeing and their food and fluid intake. Where people were at risk of developing pressure sores, care plans were in place and there were records to show they were supported to make sure they regularly changed position and had their continence needs met. Pressure relieving equipment was checked daily to ensure this was working correctly, and these checks were recorded.

We examined a sample of staff records and these contained the required documents and evidence of staff recruitment. We looked at a sample of other records that the provider was required to keep and found that these were accurate and up to date.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
