

# Franklin Care Group Limited

# The Dell

## Inspection report

55 Sibley Street  
Manchester  
M18 8LN

Tel: 01612234709

Website: [www.franklincaregroup.co.uk](http://www.franklincaregroup.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Dell is a care home providing accommodation for up to 40 older people, including people living with dementia. At the time of the inspection there were 33 people living at the home. The Dell also had eight rooms which provided short-term, intermediate care placements for people discharged from hospital but not yet ready to return home.

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

People told us they felt safe and were happy living at The Dell. One person said, "This is my home and I am very lucky to have great people caring for me." We observed a kind and caring culture. We observed positive interactions between people and staff throughout the inspection.

People and their relatives told us there were enough staff. Our observations confirmed the service had enough staff to meet people's needs. During the inspection we observed people supported in a timely manner and staff did not look rushed. Staff told us there were enough staff to meet people's needs.

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.

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available.

People's care plans were personalised and gave staff the information they needed to support people. We saw people were supported with their communication needs and their preferred activities in accordance with their care plans.

The new provider and registered manager had worked hard to develop strong leadership. Quality monitoring systems had been embedded and morale was good amongst the staff team. We spoke at length with the management of the service about their ongoing plans for The Dell.

We have made a recommendation about introducing audits at provider level to provide greater oversight.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 25 March 2019.

### 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. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Dell

## 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 Care Act 2014.

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 was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made calls to people's relatives on 9 February 2022.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 February 2022 and ended on 10 February 2022.

#### What we did before inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and professionals who work with the service. We looked at the

notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met and had general introductions with people who used the service and spoke with six of them in more detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the care and support provided to people in the communal areas across different parts of the day, including mealtimes and during activities.

We spoke with six staff members. This included the registered manager, deputy manager, two team leaders, one care worker and the activities-coordinator.

We reviewed a range of records. This included two people's care and multiple medicines records and two staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, complaints, quality assurance checks, minutes of meetings and a range of health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People had risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.
- The provider had a business continuity plan which described how people would continue to receive a service in adverse circumstances, including COVID-19.

### Using medicines safely

- Medicines were stored and managed safely. Staff who were required to administer medicines had all received training and had their competency assessed periodically.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed correctly. We saw evidence of audit activity that showed where any errors were found that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. People we spoke with did not express any concerns around medicines.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them.
- Staff had a good understanding of safeguarding processes to keep people safe and on this inspection spoke with confidence on how to report concerns.
- Systems were in place to protect people from the risk of harm or abuse. The registered manager was aware of their regulatory responsibility to raise safeguarding concerns and liaise with the local authority and CQC.

### Staffing and recruitment

- There were enough staff to support people safely.
- People told us there were enough staff to meet their needs safely. One person told us, "Always enough staff available, they work hard."
- Staff were also positive about the current staffing levels, comments from staff included, "We have the right mix of staff working at the home" and "Yes we have enough staff and I don't feel under pressure."

- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification.

#### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

#### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.



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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were being supported in the least restrictive way possible and in their best interests.
- Care files contained information in relation to capacity assessments, and relevant DoLS applications had been completed. A range of information and guidance was available to support staff in completing capacity and DoLS assessments. This ensured people were not being deprived of their liberty unlawfully.
- Staff were able to describe their understanding of the MCA and how they provided support in line with guidance. Staff told us how they provide choice to people in every aspect of their lives. While we were on inspection MCA training was taking place in the home for staff.

Staff support: induction, training, skills and experience

- Systems and processes for supporting and training staff were fully embedded and sustained in practice. This meant staff had received the training and support they needed to be effective in their roles.
- Staff received regular supervision from their line managers to support them in meeting people's needs. Staff felt well supported by the registered manager.

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

- Appropriate risk assessments were in place to determine whether people were at risk of weight loss. Where they were, appropriate interventions such as high calorie diets were in place and dietitian reviews were completed.
- People were asked what they would like to eat and drink on a daily basis, ensuring they were provided choice.
- Care workers and kitchen staff knew people's dietary preferences. They were aware of any cultural or faith-

based restrictions for food and drink and respected them.

- The service was proactive at involving professionals such as Speech and Language Therapist (SaLT) when people required additional support with their meals.

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 managed. We noted that people were supported to attend doctors and hospital appointments. When needed, the service liaised with people's GP and community nurses to ensure all their healthcare needs were being met.
- Care plans were in place that instructed staff how to support people to meet their oral hygiene care needs.

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

- The service design and decoration supported people's individual needs. All areas were clean and accessible to people and visitors. Upstairs areas can be accessed via a passenger lift or stairs.
- People were encouraged to personalise their rooms with things that were important to them and people were proud to show us how special their rooms were to them. One person spoke with pride with the football memorabilia they had in their bedroom.
- Since our last inspection at The Dell a number of improvements to the environment had been made. Such as the installation of new flooring throughout the home and the décor was updated. The registered manager spoke of future plans to upgrade the bathrooms within the home. We will check the progress of this at our next inspection.

# 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 the last inspection this key question was rated as good. At this inspection 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who knew their needs and cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well and staff being attentive to people's needs.
- People told us they were well treated and supported. We observed that they enjoyed being in the company of staff. One person told us, "I love it here, the staff are very nice to me and what more could I ask for."
- People told us staff were caring and attentive. A relative told us, "Staff are fantastic, they have a great relationship with [person's name] and they have a lot of banter with her, which she loves. She always looks clean and tidy. They treat all the residents with dignity and respect at all times."
- The provider and staff supported people's privacy and dignity and promoted independence. We saw how staff ensured they did not discuss anything of a personal nature in front of other people. People were also encouraged, where possible, to carry out day to day tasks for themselves.

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

- People were encouraged to be involved in their care and to make decisions about how they spent their time. The service carried out monthly care reviews with people. However, we encouraged the registered manager to ensure people's relatives are contacted to ensure they are involved in this process. The manager confirmed this does happen, but acknowledged the service needed to record this better.
- People were encouraged to maintain and develop their independent living skills. The service worked with external health professionals to support people who were residing at the home on short-term, intermediate care placements to leave the home with discharge packages designed to maximise their safety and prevent readmissions back to hospital.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's support plans were person-centred and comprehensive providing information and guidance about people's health and care needs, and how best to support them.
- Staff had a good understanding of people's needs and could tell us about people without having to review their records. Staff were observed to be responsive to people's changing needs and their knowledge of people enabled them to provide personalised care. During the inspection we observed one person who became upset. Two staff members were quickly on hand to reassure the person.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The Registered manager understood their responsibility to comply with the Accessible Information Standard (AIS).
- Information could be made available in different formats, including braille, large print, audio and alternate languages if needed.

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

- There was an enthusiastic activities coordinator employed, who had developed a full programme of activities. Some were group activities, and some were individual sessions. We saw people engaged in various activities during the inspection, such as singing and dancing.
- The service had created strong links with the local community and trips to the local church had started to take place again. The service was hoping to re-establish links in the near future with the two local schools, with restrictions connected to COVID-19 being eased.
- People were supported to maintain relationships with their family, and we saw this had been very important during periods where visiting was restricted. One relative said, "When we couldn't have face to face visits, we did lots of window visits. I rang my [person's name] every night and the staff always pass the phone to her. My brother skypes weekly because he lives far away, they always oblige him and set this up."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people were encouraged to raise concerns or complaints. Although no formal complaints had been received in the last year the registered manager understood how to respond to them.

## End of life care and support

- The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.
- Care plans included clear instructions about end of life care wishes and staff were aware of these. These plans had been written in partnership with the person and their relatives if appropriate.
- A touching sentiment at the home that we experienced first-hand during the inspection, was the release of a number of balloons for a person who had recently passed away. Staff organised with the person's family for the funeral care to attend the home to allow staff and people to pay their respects. It was clear people who had previously resided at the home were very much part of The Dell family.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was experienced in managing this type of service and understood their role and responsibilities well. One staff member told us, "[Registered managers name] is great manager, she is firm but fair" and "I can speak to [registered manager's name] anytime, she is so approachable."
- The service had a system of audits to check people received a good standard of care and the service met regulations. These included checks of all care records, the premises, health and safety and training.
- We discussed the oversight of the new provider with the registered manager, who was very complimentary about the support and investment the provider has made for The Dell. However, we found no formal audits were undertaken at provider level to ensure they were regularly to assessing and monitoring the safety of the service provided.

We recommend the provider introduces formal auditing systems to demonstrate the providers oversight of the home, which will provide evidence of the provider continually evaluating and improving the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager promoted a positive culture within the service where people felt empowered and involved, and there was a commitment to continuous improvement. The registered manager had an open-door policy and encouraged staff, people and relatives to share their views.
- Staff told us the culture was open and honest with good teamwork. People and their relatives agreed and said they trusted the staff and managers. One person said, "I love the staff and manager here, they are great." Another person said, "I haven't been here long, but so far I like what I see." A relative said, "[Registered managers name] is very approachable and easy to chat with, you can ask her anything and it will be done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff felt valued and recognised for the support they provided. One staff member told us, "I have worked at The Dell for a while now and I love my job."
- Throughout the inspection we noted there was a very relaxed atmosphere in the home. People were listening to music and we observed one-person dancing with the activity's coordinator. Staff were observed

to take time out from their caring tasks to interact with people.

- The service worked with organisations including local authorities that commissioned the service and other health and social care professionals to ensure people received the care, treatment and support they needed.