

Franklin Care Group Limited

Ecclesholme

Inspection report

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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

Ecclesholme is a residential care home providing personal care and support to up to 50 people. Some people are living with dementia. There are three floors that are accessible by lift and stairs. Each floor provides a variety of personal rooms and communal areas to meet the different needs and preferences of individuals. At the time of the inspection there were 46 people living at the home.

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

People and their relatives told us staff were kind, caring and respectful. People said they were cared for in a way they wanted and needed. We observed warm and friendly interactions from staff with people and their visitors.

A good standard of accommodation was provided. Hygiene standards were good overall and where we indicated the need for improvement this was actioned. Suitable aids and adaptations were available to aid people's mobility and promote their safety. People received their medicines as prescribed. Servicing and maintenance checks were carried out to ensure the premises and equipment were kept safe.

Effective systems were in place for the recording and reporting of any safeguarding concerns and complaints. People, their relatives and staff were confident their views were listened and responded to.

Safe recruitment processes were in place. Staffing levels were regularly reviewed to ensure these met the current and changing needs of people and a dependency tool supported the staffing levels in the home.

A range of training and development opportunities were provided to support staff. Staff said they were supported in their role and the team worked well together.

People enjoyed a positive mealtime experience and were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. Advice and support was sought from healthcare professionals where risks to people's health and well-being had been identified.

Management systems provided clear monitoring and oversight of the service. Plans were in place to help identify areas of continuous improvement and learning. Immediate action was taken to address the minor shortfalls identified during the inspection.

People were involved in the assessment and planning of their care and support. 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.

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 the service under the previous provider was Good, published on 25 April 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

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 ●

Ecclesholme

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 comprised of 1 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.

Service and service type

Ecclesholme is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Ecclesholme 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 Care Quality Commission 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

Inspection activity started on 19 October 2023 and ended on 24 November 2023. We visited the location's service on 24 October and 7 November 2023. The first day was unannounced, which meant the provider did

not know we would be visiting on that day. The second day was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service, the relatives of 8 people and 2 visitors. We also spoke with 13 members of staff including the registered manager, deputy manager, team leaders, care workers and ancillary staff, plus a visiting community health professional.

During the inspection visit we looked at the management of people's medicines and reviewed 4 care plans. We also looked at areas of health and safety, staff recruitment and audit and management systems. Additional electronic evidence, including a selection of policies, procedures and audits, sent to us securely were reviewed remotely.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The home was clean and tidy but on the first day of inspection we detected a malodour to a carpet in the first-floor lounge. The provider made us aware of their intentions to replace the floor covering in that area.
- Good hygiene standards were maintained around the home.
- Hand-sanitizing stations and personal protective equipment, such as gloves and aprons, were available throughout the service.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were kept safe. Guidance was detailed within paper and electronic records to help mitigate identified risks.
- The home needed to ensure any new risks identified for people had a corresponding risk assessment. We identified a missing risk assessment had not been completed following a recent incident. Immediate action was taken by the registered manager to address this.
- People were safe in the service and comfortable with the staff who supported them. Staff were aware to check people used their equipment to help reduce the risk of falls. A relative we spoke with said, "My loved one has got used to being hoisted. The staff explain what they are doing and [relative's name] is totally relaxed and trusts them."
- Servicing and maintenance checks were completed. Any actions required to ensure the safety of equipment and the premises had been addressed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people from abuse and avoidable harm. Staff knew who to report any concerns to and were confident these would be acted upon.
- Staff we spoke with told us that they had received training in safeguarding. Training records we looked at confirmed that staff had attended this training.
- People and their family members felt they were safe living at Ecclesholme. One relative told us, "The home is safe; the outside space is very secure with some lovely gardens and well designed for people living with dementia."

Staffing and recruitment

- There were enough staff to meet people's needs and people did not have to wait long to be assisted when they required help.
- Some relatives we spoke with told us staff levels had decreased but the dependency tool in use reflected there were enough staff to meet current needs. We saw no evidence that people were unsafe and communal

lounges were permanently manned by 1 member of staff or more.

- Safe recruitment processes were in place. Staff continued to be recruited using appropriate checks to ensure they were safe to work with vulnerable people.
- Relevant information and checks, including Disclosure and Barring Service (DBS) and Right to Work checks, were carried out prior to new staff commencing ensuring their suitability and eligibility for work.

Using medicines safely

- People were supported to receive their medicines safely, at the right time, by staff whose competency was regularly assessed. Records were accurately completed.
- Where people refused medication this was documented, shared with staff and discussed with health professionals.
- Systems were in place to ensure staff were competent in the role. This included observations of practice, training, and audits. Any areas of improvement were addressed with staff.
- Regular audits of medicines were carried out by managers and senior staff. There was input and support from the local pharmacy to help identify and address any issues.
- People we spoke with said they took medication on a regular basis, which was given to them by trained care staff. A visitor we spoke with told us, "My friend receives the medication on time and any changes they let me know as I have Power of Attorney (POA) over health, welfare and finances."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Incidents and accidents were monitored and reviewed by managers using a range of tools available to them. This helped to identify any themes or patterns.
- Staff knew how to report any incident and accidents. They told us management took appropriate action following any incidents and any learning was shared with staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An initial assessment was completed. Information gathered was used to inform people's care and support plans. Where appropriate, other professionals and family were involved in the assessment process.
- Following admission to the home care and support were delivered in line with current standards to achieve effective outcomes.
- Staff told us they had enough information about to guide them in the support people wanted and needed.

Staff support: induction, training, skills, and experience

- Staff were supported to develop the knowledge, skills and experience need to deliver effective care and support.
- Staff said training relevant to their roles was provided. This was a mixture of face to face and online training. A training tracker tool showed where staff required refresher training and the registered manager was addressing this as a priority.
- People we spoke with felt staff were well trained. One relative told us, "Their understanding of dementia is spot on; they understand it and genuinely care for the residents and in my opinion[are] very well trained."

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

- People enjoyed a positive mealtime experience and were supported to eat and drink enough to maintain a balanced diet.
- There was effective communication with catering staff to ensure people received suitable diets, including any modified meals such as diabetic-friendly, a soft diet or finger foods.
- People we spoke with enjoyed the meals provided. One person told us, "The food is good. I cannot always tolerate some foods; kitchen staff are aware of this, and I am offered an alternative. I never go hungry or thirsty." Another said, "The food is great [and] you get plenty of choice; it's like home cooked food."
- We observed two lunch time meals. These were calm and well organised, with staff prompting and offering support to people where needed.

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

- People were supported to live healthier lives. This included access to healthcare professionals such as their GP, district nurses, speech and language therapists (SaLT) and occupational therapists (OT's).
- The registered manager said the service was well supported by their GP surgery, who carried out weekly

visits to review and treat people.

- People's relatives said they were kept informed of any concerns. One relative said, "If there were any concerns the staff would ring and inform us and the GP visits", and another told us, "I feel well informed; the GP comes straight away if needed and the staff will ring me with any concerns."

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

- People's individual needs were met by the adaptation, design, and decoration of the dementia-friendly environment.
- Rooms and corridors were spacious and people who preferred to walk around were able to do so safely.
- Appropriate signage was used, and relevant aids and adaptations were in place to help people move about the home.
- The main corridors were decorated to resemble a street with brick wallpaper and multi-coloured front door transfers applied to each bedroom door. These helped to orientate people in finding their own rooms and memory boxes were available if people wanted to use them.

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.

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. 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.

- The provider was working in line with the Mental Capacity Act. Authorisations were in place to lawfully deprive people of their liberty.
- People's care records identified their capacity to make decisions. Care plans contained capacity assessments and information about day-to-day decisions people were able to make.
- Best interest decisions involved appropriate parties and formal quarterly responses were submitted to the managing authority, outlining how any conditions on authorisations had been met.
- Throughout the inspection visit staff consistently sought people's consent before providing them with care or support, for example, with personal care or assisting them with their meal or medicines.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 well supported and treated in a kind and respectful manner. Staff realised the importance of people's individuality and treated people according to their wishes. A relative told us, "Each time I visit which is often my loved one is always clean and smart hair brushed. Clothes [are] changed every day."
- Interactions between people and staff were warm, kind and showed they knew each other well. We consistently heard positive words of reassurance and encouragement from all staff, not just those providing care and support.
- Good relationships had been established between people and staff. There was mutual respect between everybody, and we observed a good teamwork approach by staff on both days of our inspection. One person told us, "The staff are genuine and show they care in lots of ways. I couldn't ask for better treatment they are so compassionate."

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

- People were supported to express their views and make decisions about their care. One person told us, "I am involved in my own care and feel I can talk to any of the staff. If I was unwell they would call the GP; they listen and act on things."
- People were able to follow their preferred daily routines, either independently or with help from staff. One person told us, "I prefer to stay in my room. I like my room; it has everything in I need. I ring the call bell if I need anything." They told us staff did regular checks to make sure they were safe.
- People were signposted to independent advocacy services when required. Independent advocates are those who speak up on people's behalf when needed, for example if they have no family members to do so.

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence were respected and promoted. Staff supported people in a discreet and dignified manner.
- People were encouraged to maintain their independence where it was safe to do so. A relative told us, "The staff allow my loved one to do what they can for themselves as that is important to them; they [staff] ask before they do anything and listen."
- People were encouraged to maintain any skills and interests they had prior to living at the home. One person said, "I strive to keep my independence. It takes me a while to do things. Staff constantly check up [on me] if I haven't appeared for breakfast." Another told us they went to painting classes held in the community and staff helped to make this happen.
- People's right to a family life was encouraged and supported. The home was a hive of activity on both days of our inspection. Visitors were seen to come and go throughout the day. Family members told us there

were no restrictions on visiting times.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 were supported as individuals, in line with their needs and preferences. Care records were transitioning from paper-based systems to electronic care records at the time of this inspection. Electronic systems were basic but contained relevant information for staff to meet people's needs.
- The service reviewed people's needs and worked in close partnership with people and relatives to make changes. Comments from relatives supported this. One told us, "When [person's] needs have changed the team leader has discussed with the family the changes; we feel we have been consulted [with] and listened to."
- Following any incidents or accidents reviews of care needed to be more robust to ensure care plans and risk assessments remain valid, and people's needs are met. We discussed this with the registered manager who took this on board.
- Staff were kind and caring when offering support and clearly understood the importance of person-centred care. Comments we received from people and their relatives supported our observations.

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

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them.
- An activities coordinator had recently left the service. Another had been recruited and started shortly after our inspection. Care staff were encouraged to coordinate activities and opportunities both in and away from the home, although people told us these had recently taken a back seat.
- People liked to gather in the spacious foyer area of the home and chat to each other, visitors and staff when passing.
- One person loved to paint and several of their canvas paintings were displayed around the home. An area of the home near to their room had been set up for them to use when painting. They appreciated this and told us, "It's a lovely place [with] great views; it's so tranquil and inspirational."

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.

- People's communication needs were understood and supported.

- People's care plans included information of how to best support their communication and understanding.
- Staff we spoke to and observed were aware of how best to communicate with people, especially those with advanced dementia. Staff were aware of the need to be patient and calm when communicating with people and we saw this in practice throughout the inspection.

Improving care quality in response to complaints or concerns

- People and their family knew who to speak with if they had any issues and felt confident these would be responded to. One person said, "I know the manager [and the] deputy manager and have not had a need to raise any concerns. I feel if I did I would be able to speak openly and honestly."
- Complaints were logged, responded to and actions identified to prevent reoccurrence. People's concerns were also listened to and acted upon, helping to improve the quality of care provided.
- The service shared with us a selection of compliments they had received in 2023, as well as examples of many thank you cards, some of which were on display in the home. These mirrored the positive feedback we received from those we spoke with.

End of life care and support

- There was a commitment from the home to ensure people were supported at the end of their life to have a comfortable, dignified and pain free death.
- The home's End of Life Support in Dementia Care policy outlined how best to support the person, their families and staff caring for a person at end of life.
- Care plans were completed for those people wanting to outline their wishes and feelings about their care at the end of their life.
- The team liaised with relevant healthcare professionals, ensuring people needs and wishes were met.
- Feedback and compliments from families about how staff had cared for people at the end of their lives, showing dignity and respect, was very positive.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service benefitted from consistent management and a stable staff team.
- The registered manager and deputy manager had a range of audit tools to help with the management and oversight of the service.
- The new provider had removed the receptionist role, but we observed this was negatively impacting on other key members of staff. Due to the large footfall into the home staff were often distracted from other duties, as visitors and professionals waited for access. We discussed this with the registered manager and the new provider, who agreed to review this decision.
- Responsibility and accountability was designated to senior staff in the shape of 'champion' roles. A moving and handling instructor was part of the core staff team. Staff felt involved in the running of the home.
- Managers understood their duty to report any issues affecting the service to CQC and local authority, such as safeguarding concerns or serious incidents.

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

- The provider had systems and processes in place, ensuring the delivery of person-centred care that achieved good outcomes for people.
- Staff worked hard so people had positive care experiences with good outcomes. Suggestions were made to people and their relatives if management felt anything could be improved.
- One person we spoke to told us, "The deputy manager spoke to me and sought my opinion of moving onto the ground floor as there was more space to walk around on that floor. I agreed and it has been a lot better."

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

- Relatives we spoke with had expressed some concerns about the lack of meetings held since the new provider had assumed control of the business. We gave feedback to the registered manager and provider after the inspection and a relative's meeting was scheduled.
- People and their relatives told us they felt able to speak openly with the registered manager, deputy manager and staff and were confident they would be listened to. They considered the home was well run. A relative commented, "I visit every day because I want to; when I go I know my loved one is [in] good hands. I

don't worry as the home is well run."

- Daily handover meetings and regular staff meetings helped to keep staff informed about events within the home, such as new admissions or any changes in people's needs.
- Staff told us management were supportive and approachable.

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; Continuous learning and improving care

- The provider understood their responsibility under the duty of candour.
- Managers understood their duty to report any issues affecting the service to CQC and local authority, such as safeguarding concerns or serious incidents.
- Managers supported staff learning to help improve the quality of care people received.
- The registered manager in conjunction with the provider had developed a continuous improvement plan. This outlined how they intended to improve the service, with timescales for completion included.

Working in partnership with others

- Prior to the inspection we contacted the local authority and spoke with professionals who work with the service to seek their feedback. We were not made aware of any issues or concerns.
- We also liaised with the local Healthwatch team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They shared findings from a visit they had made to the home in February 2023 and had no concerns.
- The team worked in partnership with outside agencies, so people's assessed needs were appropriately met, and their health and well-being was maintained. We spoke with a visiting health professional on site who was complimentary about the management and staff team.
- The new activities co-ordinator would work at re-establishing community links that had suffered during the COVID 19 pandemic.