

HICA

Cranwell Court

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

Cranwell Court is a residential care home providing personal care for up to 58 older people, people with dementia and younger adults in one adapted building over two floors. At the time of our inspection there were 55 people living at the service.

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

People told us they felt safe and well cared for, staff knew their individual needs well. People and their relatives said they could always go to a staff member or the registered manager if they had any concerns. They spoke positively of staff and management and their overall experience of the care provided.

People received support from staff who were recruited safely and received regular supervision to monitor their performance. Staff attended an induction programme and received ongoing training to support them to carry out their roles effectively. The provider used a dependency tool to ensure there were enough staff to support people's needs.

Medicines were managed safely and administered by trained staff.

The premises were clean and tidy, people's rooms were personalised, and communal areas were homely.

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.

People received a caring and effective service. People's needs were assessed and there were care plans in place, with information for staff about people's needs and preferences.

People told us staff were friendly and respectful and their privacy and dignity was respected and we observed positive interactions with staff. Staff were also responsive to people's individual needs they encouraged them to be as independent as possible and put them at ease when providing support with personal care.

Staff supported people to access healthcare professionals when required and had positive working relationships with external agencies ensuring that people's needs were met in a timely manner.

Any complaints people raised were investigated and responded to. There was an effective quality monitoring system, which ensured checks and audits were carried out, people's views were obtained and listened to and shortfalls were addressed. Accidents and incidents were analysed so that lessons could be learned. The provider had oversight of the service and completed regular checks.

The service benefitted from an experienced registered manager and deputy managers, who promoted a positive, person-centred culture. Staff felt supported and enjoyed their work. They spoke warmly about the people they cared for.

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

Rating at last inspection

This service was registered with us on 15 November 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 30 October 2018.

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.

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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cranwell Court

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.

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.

Service and service type

Cranwell Court 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. Cranwell Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete 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 reviewed a range of records. This included four people's care records and risk assessments. We looked at three staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with the registered manager, two senior care workers, nine care staff, a cook, kitchen assistant and a volunteer in the service. We also spoke to four health care professionals and four social care professionals.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One relative told us, "I feel a lot happier knowing my loved one is safe."
- The provider had effective safeguarding systems in place. Safeguarding alerts were raised with the local authority in a timely way.
- Staff were trained and had the skills and knowledge to identify and raise concerns internally and to relevant professionals

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce the risks to people who used the service. The service effectively assessed and managed risks to people's health, safety and wellbeing. People's care plans included risk assessments, providing staff with clear descriptions of any risks and guidance on the support people needed.
- The premises were safe. Environmental and fire risk assessments were in place. Regular checks and testing of the premises and equipment were carried out and staff training was completed to ensure people were cared for safely.
- Staff recorded accidents and incidents appropriately and in a timely way. The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.

Staffing and recruitment

- Staff were recruited safely. The provider followed safe recruitment procedures to make sure staff were suitable to work at the service.
- Staffing levels were safe. There was enough staff on duty to support people. Staffing levels were regularly reviewed to ensure they continued to meet people's needs.

Using medicines safely

- Medicines were stored, administered and recorded appropriately. People received their medicines on time from trained staff.
- The provider ensured regular audits were carried out to support the safe administration of medicines and identify any areas of concern or errors.
- Protocols were in place for medicines prescribed for use 'as and when required'. This supported staff to identify when a person required additional prescribed medicines, for example, pain relief.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- People's needs were assessed prior to admission. Information was sought from the person, their relatives and from care professionals to ensure care was planned and delivered in line with people's choices and needs. This informed staff about the care people required.
- People's needs were reviewed regularly and updated when required.
- The environment had been adapted to support people who may be living with dementia to navigate around the dementia unit independently.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to appropriately support people. New staff completed an induction programme which included mandatory training and shadowing more experienced staff. All staff completed regular training to ensure they were able to meet people's needs. One staff member told us, "Training is good, we can ask for specific training and [Name of registered manager] is very responsive."
- Staff told us the registered manager was very supportive. Staff received frequent supervision and annual appraisals to discuss performance individually and as part of a team. Spot-checks, were also completed to assess their on-going competence.
- People, their relatives and professionals told us staff had the right skills and knowledge to support people living in the service. Comments included, "I feel comfortable that the staff know what they are doing and how to handle my loved one, they have settled in well which is comforting to the family. " Another said, "The staff appear to be knowledgeable and know what they are doing."

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

- Care plans contained information about people's nutritional needs and preferences. People were supported with food and nutrition where required.
- Most people were satisfied with their meals; however, some did not feel they had enough choice or did not like the food. This was discussed with the registered manager who had already looked at more home cooked meals for residents including cooked breakfasts.
- Staff provided appropriate support for each person with eating and drinking in a dignified way. Support included gentle encouragement, cutting up meals and helping people to eat and drink.
- Food and fluid intake was monitored, for those who required it.

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

- Staff communicated effectively with professionals, they reported any changes or concerns about people's

health and well-being to ensure people received coordinated care. Health professionals told us, "There are good plans in place, and staff communicate well with other services." And, "The care is very good and all advice given by professionals is followed."

- Referrals were made in a timely way, this ensured people received early interventions to maintain or improve their health and wellbeing.
- People and their relatives were kept up to date with information about their health and wellbeing. A relative told us, "I feel I am kept well informed; they do contact me, if there are any incidents and each time I am informed what has happened."

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

- The environment had been adapted to support people who may be living with dementia to navigate around the unit independently.
- People's rooms were personalised to their tastes. People were supported to decorate their rooms with furniture, pictures and items which showed their personalities and interests. One relative told us, "[Name of person] room is lovely, and we have personalised the room, it's more like a bedsit than a bedroom. We were allowed to take some furniture in."
- Pictorial signage was used to help people find bathrooms and communal areas.
- There was a lift and mobility equipment available for people who needed it.

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.

- People were supported to make choices and decisions. Staff sought people's consent before they provided any assistance.
- Where people lacked capacity, decisions were made in their best interests with involvement from their family and advocates. Professionals involvement was not always recorded, the registered manager told us they would address this and ensure this was recorded in the future.
- Authorisations to deprive people of their liberty had been submitted correctly when people needed restrictions placed on their care to keep them safe.

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 respected, listened to and well cared for. Comments we received from relatives included, "The staff are caring and kind and couldn't be any better."
- Staff spoke fondly about people and interacted with them in a positive and meaningful way.
- People spoke very positively about care staff. One person told us, "The staff are great I can't fault them, they are very respectful."
- Relevant information, including people's ethnicity and religion, was recorded in people's care plans.

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

- Staff knew people's choices and preferences in relation to their care, they involved people in decisions about their care and respected people's choices. Care plans also detailed wishes and preferences. A health professional told us, "The inter relationships between staff and people using the service always promotes choice and involves the person."
- People were able to choose what they wanted to do and when. One person told us, "I go out as much as I can and stay at home at the weekend." A relative told us, "I am fully involved in [Name of person] care and have attended reviews."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, they treated people in a dignified way. People told us, staff always asked for their permission before assisting them with personal care.
- Staff were able to describe how they promoted people's comfort and dignity when providing support with personal care and hygiene tasks. A social care professional told us, "Staff always explain what they are going to do, always give people choices and close curtains and doors for privacy."
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with. A relative told us, "The staff encourage independence and have given [Name of person] a feeding cup and encouraged them to hold the cup themselves." Another told us, "The activity co-ordinator is good [Name of person] used to love baking so the activities coordinator organised and allowed her to bake cakes which was thoroughly enjoyed and has promised to make it a regular activity."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely, and computers were password protected.

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 received responsive care. Each person had a care plan with up to date information about their needs and preferences to help staff provide the care and support people needed.
- People received person-centred care; staff had a good understanding of their needs and what was important to them.
- People and their representatives were involved in reviews of their care.
- People confirmed staff listened to them and provided the care they requested.

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 assessed and recorded information about people's individual communication needs. This was available to share with other services if needed.
- Staff understood people's non-verbal communication, including body language and facial expressions.
- People could request information in different formats.

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 had been supported throughout the COVID-19 pandemic to maintain contact with people who were important to them. Relatives told us, "During lockdown management kept in touch and we had video calls and communicated by phone."
- People were happy with the range of social activities provided. Activities were varied and planned based on people's interests. One relative told us, "My loved one has always been keen on woodwork and they are looking at getting some woodwork kits."
- Where people did not want to participate in group activities, the activity coordinator spent one to one time with them on an activity of their choice. A relative told us, "The Activities are fantastic, they personalise the support, [Name of person] prefers one to one support and talking."

Improving care quality in response to complaints or concerns; End of life care and support

- The provider had a complaints policy, which contained details about how people could expect any

concerns to be dealt with.

- People knew how to complain. Relatives told us, "I have not had any reason to complain if I did, I would speak to management." And, "Staff are very approachable, and I feel if I had any concerns, I would be listened to, they are accessible at any time and I feel involved."
- End of life care plans were in place. As part of the assessment and care planning process, information on people's wishes in this area was gathered to assist in the provision of responsive, sensitive end of life care, should this ever be required.

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.

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

- Staff enjoyed working at the service and described a positive culture. Comments included, "[Name of registered manager] has been the best manager by far, they are fair and listen too" and, "They have been great, they always try to help where they can." Observations demonstrated a positive culture within the service.
- A regular program of requesting feedback from people, relatives and staff had been used to continue to improve the service. One relative said, "Recently I attended a relative meeting and collectively we discussed things and requested more information on essential caregiver's and use of emails."
- Staff told us there were regular staff meetings, where staff had opportunity to raise any questions or concerns.
- Everyone told us the service was well led. The management were very approachable and helpful, one relative said "I have spoken to the manager they always listen and have time for you. I also like the fact the senior management go onto the unit and know the people and help out."
- The registered manager and provider understood and demonstrated the duty of candour. They conducted themselves in an open and transparent way.

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

- The registered manager and the two deputy managers were experienced and knowledgeable regarding their roles and responsibilities.
- The registered manager and provider monitored the quality of the service regularly to make sure they continued to deliver a high quality standard of care and drive improvements. This included regular audits of care plans, care delivery and medication records.
- Staff understood the provider's values and knew what was expected from them.
- Information was submitted to CQC in a timely way about significant events that occurred in the service.

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

- The registered manager was keen to regularly engage with people, relatives, staff and other professionals and asked to share their views and opinions of the service so improvements could be made. A health professional told us, "The family of the person I support spoke highly of the new registered manager and the

positive changes."

- Staff were positive about the support offered by the management team. A member of staff told us, "[Name of registered manager] is like a breath of fresh air, can't fault them, If I had a problem, I would talk to her in confidence, they are very understanding and supportive."

- Staff worked in partnership with other professionals to ensure people received the care and support they required. Care records showed involvement and guidance from other agencies to meet people's needs. This included GPs, district nurses, speech and language therapists and dieticians.