Care Quality Commission

Caring Homes Healthcare Group Limited

Cranmer Court

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

Overall summary

Cranmer Court is a residential home which provides nursing care and accommodation for up to 62 older people with physical health needs. A focus of the home is providing palliative and end of life care. They have attained Beacon status from the Gold Standards Framework (GSF) in End of Life Care. One person said "If you have to leave your home to be somewhere else, this is the place to be. I feel as if they treasure me."

Respite care is also provided (Respite care is short term care which gives carers a break by providing care away from home for a person with care needs).

On the day of our inspection there were 54 people living in the home. This inspection took place on 6 July 2015 and was unannounced.

The home had a registered manager in day to day charge. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us care staff treated them dignity and they felt safe. We saw staff had written information about risks to people and how to manage these in order to keep people safe. Staff had received training in safeguarding adults and were able to tell us they knew the procedures to follow should they have any concerns.

Care was provided to people by a sufficient number of staff who were appropriately trained and recruited. People did not have to wait to be assisted. One staff member said "The training is so good here; it has given me confidence in supporting people."

Processes were in place in relation to the correct storage and auditing of people's medicines. Medicines were administered and disposed of in a safe way.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. The registered manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or needed to be restricted to keep them safe. However the registered manager had been submitting DoLS unnecessarily for people who had capacity based on guidance from the provider.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. The registered manager said that people could regularly go out for lunch if they wished. One person said "I go out for lunch as often as possible with my friend."

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit or leave the home.

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed. For example, details of doctors' and opticians' visits had been recorded in people's care plans.

People were put at the heart of care, enabling each person in the final steps of life to be recognised earlier, listened to and a proactive plan developed to provide care in line with their wishes and preferences.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to.

The provider had effective quality assurance systems in place, including regular audits on health and safety, infection control, dignity, care plans and medicines. The registered manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

Summary of findings

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.

Good

There were processes in place to help ensure people were protected from the risk of abuse and staff were aware of the safeguarding procedures.

Medicines were stored, managed and administered safely.

The provider ensured there were enough staff on duty and deployed to meet the needs of people.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Assessments were in place to manage risks to people.

Is the service effective?
The service was effective.

Good

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005 and DoLS.

People were supported to eat and drink enough to maintain good health.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?
The service was caring.

Good

People told us they were well cared for. We observed caring staff who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

People were supported at the end of their life to have a comfortable, dignified death.

Is the service responsive?
The service was responsive.

Good

Care plans were in place outlining people's care and support needs. People were involved in the review of their needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

People felt there were regular opportunities to give feedback about the service.

Summary of findings

Is the service well-led? The service was well led. There was a registered manager employed in the home. The staff were well supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns. The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received. Notifications of incidents were submitted to the CQC as required by law People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.	**Good**

Cranmer Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 July 2015 and was unannounced.

The inspection was carried out by two inspectors 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.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who lived at Cranmer Court, eight staff, two relatives, the activities coordinator the registered manager, the regional manager, one health care professionals and a visiting volunteer. We observed care and support in communal areas and looked around the home, which included people's bedrooms, the different units within the building, the main lounge and dining area.

We reviewed a variety of documents which included six people's care plans, seven staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

This was the first inspection of this service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included; “My children found this place and felt it was very luxurious and that I would be comfortable and safe here” and “The home offered us space, comfort and security for the time we have left.”

The provider, registered manager and staff had taken steps to help protect people from avoidable harm and discrimination. We saw a poster at the entrance to the home which encouraged people to speak up if they suspect abuse. People told us they would speak up if necessary. The registered manager and staff were able to describe what they would do if they suspected someone was being abused or at risk of abuse. Staff told us they had received safeguarding training and were able to describe the procedures to be followed if they suspected any abuse. One staff member told us “If I saw something I would report (it) to the head nurse.” We saw a poster about how to whistle blow and contact details in the staff office and in lifts in the home.

The risks to individuals and the service; for example health and safety, were managed so that people were protected and their freedom was supported and respected. The registered manager ensured staff assessed the risks for each individual and recorded these. Staff were able to describe risks and supporting care practices to help keep people safe. Incidents and accidents were reported appropriately and in a timely manner, the registered manager described to us the action they took analysis each incident. They showed us examples of outcomes of investigations. For example one person had increased number of falls; the manager had referred the person to the falls team and placed sensor mat in the person room to alert staff if they rose from bed.

Risk assessments and plans had been developed to support people’s choices whilst minimising the likelihood of harm. The risk assessments included people’s mobility risk, nutritional risk or specific health risks. As the home specialised in end of life care plans were in place and individually focused on areas such as pain relief and comfort. One staff member said, “We read people’s risk assessments to know what support to give.” They added that where necessary, a physiotherapist provided guidance for staff regarding people who were at high risk of falling or using the stairs, while trying to become more independent.

The home promoted people to remain as independent as possible; one person said “I have the freedom to come and go and I keep a car so that I and my friend go out for lunch.” The person said they felt “Safe and sound in Cranmer.”

There were emergency and contingency plans in place should an event stop part or the entire service running. Both the registered manager and the staff were aware and able to describe the action to be taken in such events.

People’s medicines were well managed and they received them safely. One person told us “I have medicines when I need it; staff are always asking if I want painkillers”. Another person said “I have my medication when I expect it” and “I self-medicate and the nurse often comes in and we discuss my medicines.”

There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. We observed staff ensuring people had taken their medicines before completing the MAR chart to confirm they had been administered. We looked at a sample of MAR charts and saw they were completed fully and signed by trained staff. People who were prescribed ‘as required’ medicines had protocols in place to show staff when the medicines should be given.

People said there were “Plenty of staff” to meet their needs. Staff and visitors said there were enough staff on duty. Staff told us they had time to sit and socially interact with people. We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance and telephoned colleagues to help people when needed. One person said “There is always plenty of staff in the day time.” The registered manager used a dependency tool to assess the staffing levels were in place to meet the needs of the people. On the day of our inspection there were two nurses on the ground floor and six care staff , and two nurses on the middle floor and six care staff. The home also had full ancillary support including housekeepers, administrative staff receptionists, maintenance staff and catering support staff.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure

Good

Is the service safe?

and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work. The registered manager had ensured that nursing staff had the correct and valid registration.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff were trained to meet their needs or their family member's needs. One person said, "The staff are well qualified, they are very caring people." One staff member said "It's a good company to work for."

The registered manager told us that all staff undertook an induction before working unsupervised to ensure they had the right skills and knowledge to support people they were caring for. One staff member said the training was really good and told us they had shadowed senior colleagues before working on their own. One member of staff told us, "The organisation is very good with training, they have the online academy." Another said "Before I started working, I had to do the manual handling training and safeguarding training. Then someone comes in to deliver in-house training". The registered manager had supported staff to learn other skills to meet people's individual needs, such as training for staff to become dignity champions. They said that this training had helped them understand and develop best practice when caring for people. One staff gave us the example of asking people how they wished to be addressed and asking people if they wished to wear jewellery or make up.

The registered manager said that nursing staff had just completed their 'verification of death training' which ensures staff had the competencies and skill needed when someone dies. It helps ensure that people are dealt with in a timely, sensitive and caring manner which respects their dignity and supports relatives and carers. It also helps ensure that the event is dealt with in accordance with the law. A staff member told us "The registered manager notices if (we) have not done training and puts on extra staff (to release us) for training."

Staff had annual appraisals. This is a process by which a registered manager evaluates an employee's work behaviour by comparing it with pre-set standards, documents the results of the comparison, and uses the results to provide feedback to the employee to show where improvements are needed and why. Staff also had regular supervisions which meant they had the opportunity to meet with their manager on a one to one basis monthly to discuss their work or any concerns they had. For example one staff member said they were being supported for an application for a Qualification and Credit Framework (QCF) level 3 in health and social care. This was confirmed in the staff files we read. Nursing staff received clinical supervision and regular training and updates in clinical skills. One nurse said they had completed training in venepuncture, tracheostomy care, catheter training and setting up a syringe driver."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. Staff had received training in the MCA and DoLS. Some people were restricted in the home; for example with the use of bed rails and being so poorly that they could not leave. Consent was obtained from people during the admission process and for specific decision. Staff on a daily basis asked peoples consent for care tasks undertaken.

The registered manager and staff demonstrated their understanding of DoLS. The registered manager had submitted DoLS for nearly all people in the home. Even if the person had capacity; in which case a DoLS is not needed. We spoke with the registered manager about this and they told us that this was a directive they had received from the local authority. The registered manager said that they would reconfirm with the local authority requirements for DoLs and look at each application separately. The registered manager confirmed this had been done. We spoke with the Regional manager who confirmed that they would look at the process used currently and review their processes where necessary.

People's nutritional needs were met. One person said; "The food is excellent here and they have good choices" and another person said "We can either eat in our rooms if we want to be anti-social, or go to the dining room to talk if we feel like it."

The chef said they had a list in the kitchen of people's dietary requirements. They were able to identify those people who were on liquidised food. The chef updated this information each week, but if someone's dietary requirements changed substantially the nurses would inform them immediately (e.g. someone going from soft food to liquidised food). A staff member said "The nurse recommends how to support people to eat, all pureed

Good

Is the service effective?

meals have to be in separate (components), and we serve individual mouthfuls and give each person time, fluids are very important." We were informed that five people who lived at the service were unable to receive their

food orally. These people were on an enteral feeding regime (where nutritionally balanced

feed is delivered directly to the stomach).

Everyone was able to eat at their own pace whilst staff circulated checking that people were enjoying their dinner, offering extras and discreetly assisted several people by cutting up the meat. We noted one person had a plate guard to help them maintain their independence in eating their meal them self. We observed someone on soft food was served with pureed food which was all separated – meat on its own, then vegetables individually pureed as were potatoes. The food looked and smelled good. Two people had wine with their meals; we were told that some people enjoyed a glass of wine with lunch and dinner and this was offered to people regularly.

The menu was displayed outside of the dining room and included the main meal of the day, together with the alternatives on offer including a vegetarian option. We saw drinks served prior to lunch. During the day people had drinks in front of them and tea and coffee was offered throughout the day. There was also a snack trolley that contained finger foods for people to eat between meals if they were hungry.

People were weighed regularly and staff calculated people's body mass index (BMI), so they could check people remained at a healthy weight. We saw that one person had lost weight and staff had referred this person to the GP for a dietician referral and to the SALT team for further guidance on managing the weight loss and nutritional needs. One care staff said "If someone is losing weight I report it to the nurse, if a person is not eating, I encourage fluids. The chef makes a milkshake for people – and we monitor that person" and "Red trays indicates person needs monitoring, the nurse recommends how to support a person to eat, all pureed meals separate (components) serve individual mouthfuls, fluids very important."

The registered manager said that they promoted collaborative care. Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, doctor or optician. We saw, in individual care plans, that staff made referrals to other health professionals such as the speech and language therapist (SALT), the falls team, district nurse when required. One person said; "I am well looked after if I am ill and can ask to the see the doctor and one comes almost immediately." The registered manager said that the GP came regularly every week where people's needs were reviewed. We spoke to a visiting professional during our inspection who told us that staff made appropriate referrals and in a timely manner. The home had strong links to the local hospice to support them in the care of people at the end of their life.

Good

Is the service caring?

Our findings

People told us that the staff were very caring. One relative said; "My relative came here for respite, but is now permanent. She required somewhere with dignity and to be safe and Cranmer fitted the bill". Another person said; "Whatever staff are on duty, they really help and care for me. They seem like my friends. When I feel ill, I can see the doctor immediately. I am comfortable, warm, have three good friends who live here as well as friends from outside. What more could I ask for."

During the inspection, we saw a number of people visited by family and friends. From what we saw, staff had a caring approach and this was confirmed by the professionals, relatives and people themselves. One relative said "My relative likes it here and we have decided to make it permanent."

Staff understood the needs of people in their care and we were able to confirm this through discussions with them. Staff answered our questions in detail without having to refer to people's care records. This showed us that staff were aware of the up to date needs of people within their care. We saw staff supported a person to transfer from a wheelchair to an armchair. Staff spoke reassuringly to the person and encouraged them to be as independent as possible, explain to them the actions that needed to be taking and giving the person time to try to do things themselves.

People were treated with dignity and respect and we observed examples of this. One person said; "The caring staff are very caring. They give us good information and keep us in the loop. This makes it a good team and we are like a big cog in a big wheel." We heard staff speak nicely to people and show them respect. There was a good sense that people and staff knew each other well and they spoke to each other in a relaxed and jovial manner. We observed staff sitting with people and engaging in conversation.

We asked one of the nurses if Cranmer Court was able to meet differing religious and cultural needs. They told us that Cranmer Court always asked about cultural and religious needs upon admission and they had a list of people they could contact. There were regular visits from a Rabbi and they thought that people of different faiths such as Muslim and Buddhist had lived at the home and they had arranged for individual spiritual support. The registered manager confirmed that this had happened and we saw records that evidenced this.

Staff explained they offered information to people and their relatives in connection with any support they provided or that could be provided by other organisations such as the. Parkinson's Society and Age Concern. We saw the reception area had various leaflets which provided advice on advocacy, bereavement and safeguarding which were available for people, relatives and any visitors to the home.

When people were nearing the end of their life they received compassionate and supportive care. These people, those who matter to them and appropriate professionals contributed to their plan of care so that staff knew their wishes and made sure the person had dignity, comfort and respect at the end of their life.

People were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Necessary services and equipment were provided as and when needed. One person said" It was a question which I was asked when I was admitted. I had left instructions that I did not want to be revived. Staff and the GP are aware of my wishes."

We asked people and family members if they had been involved in their care planning or the care of their relative. They all felt that they were included and kept up to date by the registered manager and the staff at the home. One person said "I have seen and signed my plan of care." One relative said "The staff are, and very inclusive. They keep always keep me informed."

Good

Is the service responsive?

Our findings

One person said, “When I push the bell, they come very quickly.” Another person said “Staff are brilliant as if I walk about without my Zimmer; they come quickly as I am likely to fall.”

Before people moved into the home they had an assessment of their needs, completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people’s needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified which was completed by nursing staff . We saw these were monitored for any changes. Full family histories were drawn up by activities staff and care staff so that staff knew about a person’s background and were then able to talk to them about their family or life stories.

Personalised care plans had been developed with regard to the way that people chose to be supported and if risks had been identified, a risk assessment had been put in place to minimise them as much as possible. For example: some people liked to have a cigarette, risk assessments were in place to support people maintain their lifestyle choice.

Staff were responsible for a number of people individually as keyworkers, which meant they ensured people’s care plans were reviewed on a regular basis. We read that reviews were undertaken and staff discussed with people their goals. A staff member said they got to know what people wanted, including what time they wanted to get up and how they liked to spend their day. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any information about people.

People received care that was responsive to their needs. Individual care plans contained information which related to people’s preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. Staff showed us a file which recorded people’s weights.

Cranmer Court had three full time and one part time activities coordinator who supported people in undertaking activities seven days a week. There were regular activities going on throughout the week. We saw a film session took place in the lounge which we saw people were enjoying Following this, music was put on. The activities person checked throughout the day that people were happy to participate in the activity and asked for suggestions from people of how they would like the activity to run. We spoke to one activities coordinator who told us that they like “To provide a mixture of group and individual activities to meet peoples’ likes and preferences.” One person said “I never tire of sitting here watching them (the birds). I have even had woodpeckers visit the feeding station and I can sit here in comfort, warmth and security.” Another person said “there so much going on here, its difficult to decide what to do.”

The complaint policy was displayed clearly and a suggestion box was in reception for people to make comments. People told us they knew how to make a complaint if they needed to. One person told us ““I have never made a complaint. Life is a compromise and when there are 50 residents, there will be little things which go wrong, but which I would not dream of complaining about.” Another person said, “ If I had any complaints, I would “raise it at Council meeting”, the council meeting is held for people to attend and express their views about the home and any changes, complaint or compliments they have. “This is why they hold them, so that each resident gets a chance to make their likes and dislikes known to the staff.” People felt they had a say in how the home was run. People told us that they remembered filling out a survey and one person said; “Any suggestions are discussed at the council meetings.”

We saw how the registered manager had dealt with previous complaints and had identified improvements or actions that needed to be taken. One person said “I complained that I was given too much food. The Chef explained that if people felt there was too much, this ensured that nobody got too little.” The chef addressed the size of the portion to meet the persons choice.

Good

Is the service well-led?

Our findings

The home had a registered manager. People and relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had.

We observed the registered manager interacted well with the people in an open, honest and compassionate way. We observed on numerous occasions them sitting and chatting to people and asking if there was anything that people needed. Staff were open and approachable. We found that interactions between staff, people and visitors promoted a sense of well-being.

Staff were positive about the management of Cranmer Court. They told us they felt supported by management and could go to them if they had any concerns. One member of staff said "I found the split shifts which I was on when appointed was sometimes difficult and the registered manager had offered two 12 hour shifts per week, this helped me." Another staff member said "I like the fact that when someone is off sick, everyone pulls together to help, even the RGNs muck in and help us with dressing and bathing, showers." "I feel that we are a real team here and I enjoy working with them and the residents, most of who are lovely and so appreciative of when we help them."

Staff meetings were held in which they could speak openly and make suggestions on how to improve the service. The registered manager explained that best practise issue in care were discussed; for example dignity in care. This showed us that the registered manager was consistent, led by example and was available to staff for guidance and support and that they provided staff with constructive feedback and clear lines of accountability within their working roles

There were a clear set of values which staff understood and followed to ensure people received kind and compassionate care. One member of staff said when new staff started they received training on the aims and objectives of the service. It was then up to senior staff to monitor them to ensure they put these aims into practice. Any issues identified would be covered in an individual or group supervision session. This would develop consistent best practice and drive improvement. The registered manager said that all new care staff were sign up for the care certificate as part of their induction training.

Staff understood their roles, were happy in their work, motivated and had confidence in the way the service was managed. Staff told us they had opportunities to feedback their views. One staff member told us when making "suggestions (to management or in meetings) these are looked at to some extent." Another staff member told us they "enjoy work, get on well and it's a good team".

Support and resources were available to enable and empower the staff team to develop and to drive improvement. The provider showed us they facilitated staff to have quiet time and use of a computer to complete their e-learning. One staff member told us "Most training (was) on line and training is part of staff time", and they had opportunities to undertake other training. The provider had supported staff to complete training which improved the support given to people for example, venepuncture and catheter care.

The quality assurance systems in place were robust. We saw evidence of audits for health and safety, care planning, medicines and infection control. This enabled the manager to identify deficits in best practice and rectify these. The registered manager explained that staff meetings, resident and relative meetings were held. The minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings including the handover forms, answering call bells and looking at continually improving practise. This showed that the registered manager was continually assessing the quality of the home and driving improvements.

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely within the home.