

# Mr & Mrs S Fuller Cranleigh

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 11 August 2016 and was announced.

Cranleigh provides accommodation and care for up to eight people with a learning disability. At the time of our inspection eight people were living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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. The registered manager was also one of the partners in the business.

We found that there were no systems in place to monitor the quality of care being delivered and environmental risks were not formally audited.

We have made a recommendation about improving the effectiveness of the governance of the service.

People living in the home felt that the home was well led and felt safe living there. Staff also felt that the management were supportive and approachable. People were cared for by staff who had received training relevant to their role. Staff were knowledgeable in their role and knew the potential signs of abuse and how to report this. Appropriate checks were carried out before staff started working at the home.

Medicines were stored and administered safely in the home but there were no records to show how staffs' competency was assessed in the safe handling and administration of medicines.

People were supported to make their own choices about their care and were involved in the planning and review of their care. People's care plans were person centred and took in to account their needs and preferences. Care plans were reviewed regularly and updated accordingly. People were supported to access activities of their choice and to maintain links with their community.

People's nutritional needs were being met and people were able to choose their meals and prepare them with the support of staff. Referrals were made to relevant healthcare professionals where there were concerns around a person's health or wellbeing.

People felt able to raise a complaint if needed and knew who they would speak to if they wanted to discuss a complaint. Staff knew how to support people in making a complaint.

## 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.

Risks to people were identified and minimised.

Staff knew how to protect people from harm and how to report any concerns of abuse.

Safe recruitment processes were followed to ensure that suitable staff were recruited to work in the home.

Medicines were stored and administered safely.

There were no records to show how staff were competent in the safe handling and administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received training relevant to their role and were knowledgeable about their work.

People were supported to make choices about their care.

People had sufficient amounts to eat and drink.

Timely referrals were made to relevant healthcare professionals when any concerns were identified.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and staff were caring.

People's views were sought about their care and support arrangements.

People were encouraged to be as independent as possible.

People living at the home were able to have their relatives and

friends visit.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and gave staff detailed guidance on how these needs were to be met.

People were supported to take part in activities of their choice.

People felt confident in raising a complaint with staff if they needed to.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There were no formal auditing processes in place to monitor the quality of the service.

People and staff felt that the service was well run and that the manager was approachable.

# Cranleigh

## **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 11 August 2016 and was announced. The provider was given 24 hours' notice because the location was a small service. We wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Before our inspection we looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we met and spoke with three people living in the home, the manager and two members of support staff.

We looked at the care records of three people and the medicines records for three people who lived in the home. We also looked at a selection of records that related to the management of the service.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe living in the home. One person told us, "I feel safe living here with all the staff looking after me and helping me out."

Staff we spoke with demonstrated that they had a good understanding of what constituted abuse and they were able to identify what the possible signs of abuse were. Staff told us that they had not had to report any safeguarding concerns. Staff told us that they would report any concerns to the manager or the local safeguarding team. We noted that information on how to report safeguarding concerns was located in the staff office.

Risk assessments had been completed in respect of people's everyday lives. The risk assessments were person centred and specific to people's individual needs. We saw that risk assessments were reviewed and updated to reflect people's changing support needs in terms of managing or mitigating risks to people. For example, we saw from a person's care record that they had recently had an accident and staff had reassessed the person's risk as a result of the accident. A detailed risk assessment documented what steps were required to reduce the risk of a further accident occurring. In addition to this, we saw that people were routinely involved in discussing and contributing towards the risk assessments.

We saw from the staff rota that there was consistently enough staff on duty to meet people's support needs. We noted that some people required one to one support and on occasions two members of staff were required to support people. People we spoke with told us that they felt as though there were adequate numbers of staff to meet their needs. We spoke with the manager and they told us that people's needs were assessed on a daily basis and staff numbers are adjusted accordingly to support people with accessing activities or appointments. Staff we spoke with told us that they thought there were enough staff on duty in order to support people.

There were safe practices in place for the recruitment of staff. We looked at the personnel files for three members of staff and saw that appropriate procedures had been followed to ensure that new staff were suitable to work with people who lived in the home. All staff had been screened by the Disclosure and Barring Service and appropriate references had been obtained before they started working in the home.

We looked at the Medicine Administration Record (MAR) charts for three people who lived in the home. During our inspection we did not observe medicines being administered. We saw that there were no gaps on the charts where staff signed to say that the medicine had been received by the person. We noted that no formal audits of the medicines were carried out by the manager or staff. The manager told us that they checked the medicines but there were no written records of these checks. They told us that they would implement a record to document the checks of the medicines.

Staff we spoke with told us that they had received training in the management and administration of medicines. The manager told us that all new staff had to complete training in medicines which was provided by one of the local pharmacies. Staff we spoke with told us that they were observed administering

medicines before they were assessed as being competent in this area. The manager told us that they continually assessed staff's competence in the safe administration of medicines and they sometimes observed staff while they are gave people their medicines. However, there were no records of how staffs' competencies were assessed.

## Is the service effective?

### Our findings

All new staff were required to complete an induction process. This involved completing the provider's mandatory training courses that were relevant to their role. The manager told us that they had recently signed up with a new training provider and staff were able to access a variety of courses such as epilepsy awareness and diabetes as well as ongoing training updates. We saw from training records that staff training was up to date.

We looked at the supervision records for staff and noted from the records that some staff had not received any supervision this year. The staff we spoke to told us that they had not received any supervision for a few months. Although staff did not receive any form of formal supervision in which they could discuss their progress and future development they felt supported by the manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager told us that they had not made a DoLS application for any of the people living in the home. The manager told us that people had the capacity to choose when they wanted to go out and how to keep themselves safe whilst they were out. However, most people living in the home would prefer to go out with a member of staff.

We noted from people's care plans that there were areas of their lives where they were unable to make their own decisions. For example, one person needed support with their finances. We saw in the person's records that the reasons for the support around their finances were in their best interests. Staff we spoke to told us that a best interests process had been followed. We saw in people's care records that judgements on people's capacity in certain areas were recorded along with what support they required from staff.

We observed a lunch time and saw that people were supported to have enough to eat and drink. One person we spoke with told us "The food is lovely, [Staff member] does us really nice meals and makes some really nice puddings. [Staff member] makes sure we have a healthy meal to eat." People told us that they could let staff know what food they preferred to eat and put in requests for meals. The meal time was not rushed and everyone was served their meal at the same time so everyone could eat together. We saw that people were able to make a drink for themselves with support from staff as needed. We saw from people's care records that people's weight was monitored to ensure that people were maintaining a healthy nutritional intake.



People's general health and wellbeing was assessed on a daily basis and we saw that their care records were updated to reflect any changes in people's healthcare needs. We saw that people were supported to access other relevant healthcare professionals as needed, such as GP, psychiatrist and optometrist.

## Is the service caring?

### Our findings

People we spoke with told us that they were happy living in the home and one person told us, "I like the staff here, they're really nice."

People we spoke with told us that they felt cared for. One person we spoke with told us "The staff are very nice, they look after us. They help us when we need any help. Staff see how I am to see what care I need."

During our inspection we saw staff sitting and talking and laughing with people in the lounge. We saw that staff spoke to people in a kind and respectful manner.

People we spoke with felt as that they were involved in their care. One person we spoke with told us "We get reviews, a social worker comes in and discusses things. Each one of us has risk assessments." We saw from people's care records that people's views, where possible had been taken into account. From the care records that we looked at, we noted that people had signed their care plans. Staff we spoke with told us that they sit down with people to go through their care plans.

We saw that there were details of people's preferred method of communication in their care records. Most people living in the home were able to communicate verbally. However, some people required support with communicating. For example, in one person's care record we saw that they required staff assistance when speaking with others as they were not always able to clearly verbalise their feelings. This support helped ensure that they were able to make choices and decisions about how they lived their life.

During our inspection we saw that people were able to choose how they spent their day. One person we spoke with told us "Yes, we do make choices." We saw that one person wanted to go to the local town and staff spoke with them about when they wanted to go out. One member of staff we spoke with told us, "People are all able to make their own decisions, people are able to express their views." We saw in people's care records that people had specified what their preferences were in all aspects of their care. For example, we saw that one person specified that they would like staff to leave them to have a soak in the bath but they sometimes need assistance with washing their hair.

People were supported to access an independent advocate to help them make some decisions about their care and their lives. We saw records showing that, when appropriate, people had been offered the support of an advocacy service.

Where possible people had regular contact with their family and friends. There were no restrictions in place as to when relatives and friends could visit. People were also supported to visit their relatives at home. The manager told us that they asked visitors to call first if possible as people were out participating in activities most days and they didn't want people to visit and find their family member was not in.

During our inspection we saw that people's right to privacy was upheld and that staff spoke with people in a respectful manner. One person we spoke with told us "Staff respect me." We saw that staff would knock and

wait for an answer before entering people's rooms. We saw that people had access to their rooms at all times should they require some time alone.

Staff we spoke with told us that they promote people to be as independent as they can. One member of staff told us "I will help in any way I can to help people achieve their goals." We saw that people contributed towards the daily running of the home. During our inspection staff were supporting people with cleaning and cooking. After lunch we saw one person cleaning the table and doing the washing up. They told us "We take it in turns to cook and clean and wash up and set tables."

We saw that regular meetings took place for people who lived in the home. We saw from the meeting minutes that people made suggestions for trips out and discussed any issues that they had with regards to their care or the general goings on in the home.

## Is the service responsive?

### Our findings

People we spoke with told us that they were provided with the care that they needed. One person told us "Staff sit with me and ask me what I want and I tell the staff what I want."

We saw that people were involved in the planning of their care and the care plans and risk assessments were person centred. One member of staff we spoke with told us "People can all make their own decisions, people are able to express their views. I will help in any way I can to help people achieve their goals." The care records took into account people's individual needs and detailed guidance on how staff could support people.

One person we spoke with told us about how they like to have their own space sometimes, "Staff advise me and try to talk to me. Sometimes when I'm not in a good frame of mind I don't listen. Staff give me space to calm down." We saw that the person's wishes were reflected in their care plan.

People were supported to maintain links with the local community and attend regular activities of their choice. One of the people we spoke with told us how they liked to cook and play football. On the day of our inspection, people were talking with staff about various events that they were going to attend as part of the town's local carnival. People we spoke with told us how staff were helping them to make fancy dress costumes.

A number of people were out during the day of our inspection. The provider also had a day centre that people attended. At the day centre people would attend to the various animals that lived there. People we spoke with told us that they enjoyed attending the day centre. Staff also supported people to attend a disco every month.

People we spoke with told us that they felt comfortable with raising a complaint. One person we spoke with told us "I feel okay to raise complaints. They [staff] do come and talk to me." The manager told us that there was a suggestion box where people could make a complaint but added that people tended to approach staff directly if they were not happy with something. We saw that the manager had received one complaint and had investigated the matter appropriately. We saw that there was a complaints procedure in place and also an easy read version which detailed how to make a complaint and how it would be dealt with.

We noted a number of compliments and thanks from people's relatives. In one letter we saw that one person's relatives were made to feel welcome. In another card we noted that another person's relative had thanked staff for offering a number of activities to their relative.

## Is the service well-led?

### Our findings

We found that the service did not have any systems in place to monitor the quality of the service. The manager told us that they did not have an auditing programme within the service. Care plans were not audited, there was no formal process of auditing medicines and there were no systems in place to mitigate environmental risks. When we spoke with the manager about this, they told us that they remained vigilant to environmental risks and addressed any concerns as and when needed. In addition to this, we saw that whilst specific incidents were being recorded and followed up, there was no analysis of events that could help identify patterns of incidents which could then be addressed.

We saw from records that a recent meeting took place for people who lived in the home. We saw that issues such as the garden, trips out and who does the household chores in the home were discussed. These meetings did not take place regularly.

We noted that staff meetings did also not take place regularly. The last staff meeting took place 11 months before the date of our inspection. Staff told us that regular staff meetings do not take place and that any concerns were discussed during the handover. The manager told us that if there is an issue, then they would organise a staff meeting.

The manager told us that they had recently purchased a management system which would help them to improve the governance of the service. The manager told us that the system had templates of records and audits that need to be completed and that they also have telephone support from the management service.

We recommend that the service implement regular auditing of processes within the service in order to monitor the quality of the service being delivered.

People we spoke with thought that the service was well run. One person we spoke with told us "I like the manager, [Manager] is kind, [Manager] helps us." Staff we spoke with said that there was open and frequent communication from the manager. One staff member we spoke with told us "The service is managed well, any problems then it gets addressed straight away. I feel supported."

The manager told us that they like to be a visible presence within the home, "I try to be as hands on as possible." The manager told us that this allowed them to observe staff to ensure that they were delivering effective care to people.

We saw that the manager had recently handed out surveys to people. This was a questionnaire asking people about how satisfied they were with the service. The manager told us that they liked to gain feedback from people so they could continue to develop and improve the service that they give.

The manager told us that they are also one of the partners in the business and that they do not receive any form of supervision. However, if they had any issues then they discussed any concerns with the rest of the management team. The manager told us that they attended regular meetings with registered managers

from other locations. They told us that they found this helpful as they could discuss any issues that they have and said that it was good to see how other managers dealt with things.