The Homes Care Limited

Cranham Court Nursing Home

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection over three days on the 28, 29 and 31 October 2014. During the visit, we spoke with six people using the service, seven friends and relatives, eight care workers, five nursing staff and the registered manager.

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 and associated Regulations about how the service is run.

In January 2014, our inspection found that the service was compliant with the regulations we inspected against.

Summary of findings

Cranham Court is a care home registered to provide accommodation and nursing and personal care for up to 82 people who require personal care and may also have dementia. The service is located in the Upminster area.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

A number of the medicine records for people using the service were incomplete without a written explanation.

The number of staff on duty in one part of the home was inadequate to fully meet people's needs. You can see what action we told the provider to take at the back of the full version of the report.

We found two areas that required improvement.

Although part of an organisation, the home stands alone and does not receive the required support to transition to the organisation's procedures.

We recommend that the organisation reviews the support given to the home to become integrated within its structure.

We saw that the home provided a safe environment for people to live and work in apart from the corridor area, on the ground floor within the older part of the home that presented a hazard due to its incline.

We recommend that the organisation risk assesses the areas highlighted.

Apart from the recording of medicine administered we saw that the records we looked at were clear, easy to understand, up to date and reviewed regularly. We sampled eight care plans from different areas of the home that were clearly recorded, fully completed, regularly reviewed and underpinned by risk assessment. The staff at all levels of seniority were well trained, knowledgeable, professional and accessible to people using the service and their relatives.

People said they were happy living at Cranham Court, with the service they received, the staff who delivered it and way it was delivered. They told us staff were caring, responsive to their needs and the home was well managed. This matched our observations during the inspection visit.

Three people living at the home thought there were enough staff to meet their needs although three others said they had to wait to have their needs met. Five friends and relatives and six staff also felt there were not enough staff particularly during busy periods. We saw that during some periods of the day staff struggled to meet people's needs in a timely way.

The staff we spoke with had appropriate skills and training, were familiar with people using the service and understood their needs. This was reflected in the care and support we saw given that was professional, supportive and compassionate.

The home's management team had clear and transparent care philosophies and values. These were reflected in the good care practices that we saw staff following. The organisation had

introduced new procedures that staff had not adequately had explained to them, regarding recording in the social aspects of the care plans.

People told us and we saw that the registered manager operated a policy of being available to people when they wanted to speak with them, encouraged feedback from people who use the service, their relatives and monitored and assessed the quality of the service provided.

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?

Requires Improvement

The service was not safe in all areas.

The medicine records were not all completed. The controlled drugs register was completed, staff trained and medicine was safely stored.

People felt safe living at Cranham Court.

Staff followed the safeguarding procedure, had received training and were aware of the whistle-blowing procedures.

The manager and staff improved the service by learning from incidents that required practice improvement.

The home was safe except a corridor in the original part of the building that had a steep incline.

The home was clean, hygienic and equipment was well-maintained. There were health and safety risk assessments.

Staff in the annex and upstairs in the main building were pressed to meet people's needs. People and staff said there were not enough staff at times to meet needs in a timely way.

Is the service effective?

Good

The service was effective.

People were assessed and care plans agreed with them and their families. The plans included nutrition and hydration levels and needs.

Staff skills were matched to people's needs.

Any specialist input required from external community based health services was identified and these services were liaised with. People contributed to their care plans as much or as little as they wished.

People were able to see their visitors in private and visiting times were flexible.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interest' meetings were arranged if required.

Is the service caring?

Good

The service was caring.

People were supported by kind, professional, caring and attentive staff. They were patient and gave continuous encouragement when supporting people.

People and their relatives' opinions about the service were sought.

Summary of findings

During quiet periods staff engaged people in one to one conversations that they enjoyed.

Is the service responsive?

Good

The service was responsive.

Activities were provided that people said they enjoyed.

People's care plans enabled them to be involved in activities.

People and their relatives were able to raise any concerns and said they were listened to.

Is the service well-led?

Good

The service was well led at an operational level.

People knew who the manager and staff were. They said they liked the way the management team and staff in general responded to them and how they acted.

There was an approachable management style, people were listened to and this was reflected in staff practices. People said this was the normal practice.

Staff were supported by the manager. There was limited input by the organisation.

Staff said the training provided and advancement opportunities were generally good.

The recording systems, service provided and all aspects of the service were reviewed by the management team within the home.

Cranham Court Nursing Home

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 checked 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.

At the time of our visit there were 63 people living at the home. We spoke with six people who use the service, seven relatives, 13 care and nursing staff and the registered manager. We also observed care, support, toured the premises and checked records, policies and procedures.

This inspection was carried out by an inspector.

Before our visit we reviewed information that we held about the service and provider on our database. This included notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and comments made by people on our website.

We looked at the personal care and support plans for eight people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We checked records, policies and procedures about the management of the service. These included the staff training, supervision and appraisal systems, maintenance and quality assurance.

We contacted local authority commissioners of services.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the home. One person told us, "I thought there would be tears when I moved in but I didn't, It's lovely here, I feel safe, I can read and do what I want." Another person said "I feel safe here and well cared for." A relative said, "I know mum is safe and well looked after when I've left." This was confirmed by the care practices of the staff and explanations they gave us of what they thought abuse was and action they would take if encountered. This included knowledge of how to whistle-blow and raise safeguarding alerts. Records confirmed that staff had received training regarding preventing abuse or harm, moving and handling and safeguarding.

We checked the medicine administration records for all people using the service and found that some of the records were incomplete without a written explanation provided. It meant that it was unclear to staff coming on duty if people had received their medicine.

This was a breach of Regulation 13 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Management of medicines.

The controlled and other drugs were appropriately stored and the controlled drug register was up to date and correctly completed. Regular pharmacy and monthly medicine audits, by the home took place. There was homely medicines guidance in place. Staff had also received training in medicine administration that was refreshed annually. The manager explained that the errors in recording would have been picked up and addressed by the medicine audit that they conducted monthly. The next audit was due the week after our visit. They also felt that the recording errors may have been made by agency staff.

Three people using the service we spoke with thought there were enough staff on duty to meet their needs although three others thought there were not enough staff and sometimes they had to wait to have their needs attended to. One person said, "Plenty of staff". Another person told us, "Not enough staff at some times during the day." The staff rota indicated that there were adequate numbers of staff although it left little time for staff to speak to people and attend to their needs other than their health needs.

Five relatives and friends and six staff expressed concerns about staffing levels. They were concerned that there were not always enough staff to meet people's needs in a timely way and this was confirmed by some of our observations. We saw at times during the day that staff struggled to meet the needs of people's who required less support in a timely way. This was due to the demand on their time by people who had greater needs, particularly those that were either bed bound or spent a lot of time in bed and required two care workers to assist them with hoists. The home recognised this during our visit and made adjustments to the rota to increase staff whilst we were present.

We saw one person having lunch. They were seated at a dining table and a member of staff

brought their lunch. The person was distressed and thought someone had 'interfered' with it. The staff member explained that the meal was fine, but that they had to attend to someone else in their room and left. There was no other staff member in the dining area. When the staff member came back after supporting someone else the meal had not been eaten. The staff member then sat with the person and encouraged them to eat their meal which they did.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw evidence that the home was actively recruiting staff and there was a robust recruitment procedure that was based on being competent and having the skills needed to do the job. Staff records showed that they had been Disclosure and Barring Service (DBS) cleared. There were also disciplinary and whistle-blowing procedures that staff confirmed they were aware of and included in the staff handbook.

There was an admission policy that included completing risk assessments before people moved in. The sample of eight care plans we looked at contained risk assessments that were reviewed and updated monthly. They enabled people to make decisions for themselves and do things within a safer environment.

During the inspection we saw staff reminding and prompting people to be careful and not put themselves at risk, particularly when people had difficulty getting out of chairs without support and walking with frames in the corridors. This was done in a patient way and reflected the home's principles of providing care in a safe environment.

Requires Improvement

Is the service safe?

The registered manager carried out a monthly quality audit of all aspects of the home that included health and safety and maintenance of the home and equipment being used. Staff we spoke with were aware that they had a duty to identify and report areas of health and safety concern. The home had a full time maintenance person who was responsible for maintaining the building and ensuring electrical equipment was safety tested. Equipment including hoists and lifts was serviced under contract.

There was a fire evacuation procedure that was displayed throughout the home that included the support that people using the service required. Building risk assessments were updated annually and fire inspection checks completed.

Good

Is the service effective?

Our findings

People said they felt their health needs were well addressed; they were listened to and were involved in making decisions about their care and treatment. They also told us staff provided the type of care and support they needed, when they needed it and in a way they liked. One person told us, "The care is second to none." A relative contacted us and said, "I would like to commend the 'Woodlands' unit for their efforts in providing extra care to my father when he recently became quite ill. The efforts to make him comfortable were exceptional as was the care received."

Staff received induction training in line with the 'Skills for Care' induction standards and undertook mandatory annual refresher training. The training included safeguarding, infection control, dementia, first aid, manual handling, fall prevention, challenging behaviour, equality and diversity, the person centred approach to care and mental capacity. Staff supervision was taking place, being reviewed and annual appraisals introduced. There were regular staff meetings and a handover at the end of each shift. The training matrix identified when refresher training was due and a number of courses had been booked for the period to February 2015.

The care plans we looked at included sections for health, nutrition and diet. A full nutritional assessment was carried out with monthly updates. Where appropriate monthly weight charts were kept and staff monitored how much people ate. They said any concerns were raised and discussed with the home's GP who visited weekly.

Nutritional guidance was available to people and there was access to community based nutritional specialists. The records we looked at also demonstrated that referrals were made to relevant health services as required. A relative said, "If mum has a fall they ring and tell me."

People told us that they were happy to discuss their health and personal care needs with staff and personal care was provided based on their gender preferences. They said they had access to community based health care services if required, including appropriate transfer to hospital. Any changes to their health were discussed with the GP and other health care professionals. If preferred people could retain their own GP.

People said that they had plenty to eat, chose the food menus and they were given choices in advance. Their choices were checked with them on the day to see if they had decided to change them. One person said, "On the whole the food is pretty good." Another person told us, "The food is wonderful, I have to have mine mashed but it's still inviting and smells lovely." The meals we saw were well presented and arrived hot.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures and the training in this was mandatory. The capacity assessments were carried out by staff that had received appropriate training and recorded. Mental capacity was part of the assessment process to help identify if needs could be met. People's consent to treatment was also monitored regularly by the home. The home was in the process of undertaking mental capacity re-assessments for all people using the home. Best interest meetings were arranged as required and recorded.

Good

Is the service caring?

Our findings

People using the service told us that they felt treated with compassion and care by staff, although some cared more than others. They also said they were treated with dignity and respect and this was confirmed by relatives. We were told staff made the effort to meet people's needs in the way they wanted and listened to them. They were friendly, helpful and caring. Relatives said that the permanent and long term agency staff who provided care were very kind, compassionate, caring and skilled at doing their jobs. One person we spoke to said, "The girls (staff) are all brilliant." Another person told us, "People care here." A relative told us, "It's as good as it can be."

We looked at the staff training matrix and this showed us that staff had received training about respecting people's rights, dignity and treating them with respect. The care we saw demonstrated that staff provided support in a caring and compassionate way that included staff who did not provide care directly, such as the kitchen staff. Their approach made people feel comfortable and relaxed. This was mirrored by the care practices we saw throughout the home by staff with different responsibilities and levels of seniority, as time allowed. Their ability to deliver this quality of care only dipped during busy periods when they did not have time to spend with people outside attending to their priority needs.

We saw and people told us that they were consulted about how they wanted their care provided and staff understood their different needs and the way in which they preferred to be treated. They were asked about the activities they wanted to do, meals they liked and felt enabled to make their own decisions and do the things they had chosen to do.

In the care plans we looked at, we found that people's hobbies, interests, likes and dislikes were recorded and regularly reviewed. We compared them with the activities attended that were recorded within daily notes and found they corresponded. We saw people were able to join in their chosen activities by staff, although this tended to be in the main building and the activities provided in the annex were run more by an activities co-ordinator. There were two activities co-ordinators who were available for two and a half hours per day spread between them over five days. People from the annex could attend the activities in the main building but this entailed going out of one building into another using an open porch during cold weather.

The activities we saw were advertised on a weekly basis around the home, generally group activities although the activities co-ordinators and staff attempted to make them person centred and individualised where possible. They included a pianist, sing-a-longs, drawing, bingo, pet therapy, visual and touch memory games, gardening and an arts club. We saw a number of the activities taking place during our visit. There was also a 'Cranham Court Squirrel News' magazine that was produced quarterly and gave people information about the home and what was going on. The home was set in large grounds. Unfortunately these were under used by people who use the service as there were insufficient pathways for them to access the grounds safely.

The home's care planning system was monitored at unit head rather than care worker level and responsibility for identifying changes in health and welfare were the responsibility of the unit heads. As the unit heads where medical professionals this gave a greater emphasis to health tasks rather than social needs, although people said they enjoyed the activities provided. Activity suggestions were discussed with care workers and other staff as appropriate such as the chef, during communal meetings and at other times. Some people said they liked to go to the meetings whilst others preferred to speak directly with staff and the management team.

People confirmed that they were aware there was access to an advocacy service if required.

There was a policy regarding people's privacy that we saw staff following throughout our visit, with staff knocking on doors and awaiting a response before entering, although many people preferred to have their doors open. Staff were courteous, polite and respectful even when not being aware that we were present.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, ongoing training and contained in the staff handbook. This enabled people using the service to feel more comfortable and speak freely with staff.

Good

Is the service caring?

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. The relatives we spoke with confirmed they visited whenever they wished and were always made welcome.

Good

Is the service responsive?

Our findings

People told us that they were able to express their views and were asked for their views formally and informally by the management team and staff. They felt listened to most of the time and their views were acted upon. They said they had no concerns about talking to the manager or staff if they had a problem. People said that they rarely had a problem, but if they did it was generally dealt with promptly. One person said, “People listen, if I complain things are done”. Another said, “If I have a problem the manager is understanding and listens.”

We saw records demonstrating that people and their relatives were encouraged to attend quarterly meetings. The meetings were minuted and people were supported to put their views forward.

Once referrals to the home had been made available assessment information was gathered so that the manager and staff could identify if the needs of the person could be met. Prospective people wishing to use the service and their relatives were invited to visit to see if they were interested in moving in. They could make as many visits as they wished and it was during the course of these visits that the manager and staff added to the assessment information. Unit heads or the manager also visited them to make an assessment. The visits to the home were also an opportunity to identify if they would fit in with people already living at the home. People were provided with written information about the home, including a brochure. If people decided to move in there was a short term review to check that the placement was working.

The care plan records showed that people's needs were appropriately assessed, they and their families and other representatives were fully consulted and involved in the decision-making process before moving in. Staff confirmed the importance of getting the views of people using the service as well as relatives so that the care could be focussed on the individual.

The care plans recorded that people’s needs were regularly reviewed re-assessed with them as they wished and re-structured to meet their changing needs. This included end of life wishes. They were focused on the individual and developed as more information became available and staff became more familiar with the person and their likes, dislikes, needs and wishes. They were formalised and structured but also added to during conversations, activities and people were encouraged to contribute to them as much or as little as they wished. People agreed goals with staff that were reviewed monthly and daily notes also fed into the care plans. Six monthly care reviews by local authorities also took place that people using the service and their relatives were invited to attend.

People using the service and their relatives told us they were aware of the complaints procedure and how to use it. We saw that the procedure was included in the information provided for them. We also saw that there was a robust system for logging, recording and investigating complaints. There was evidence that complaints made had been acted upon and learnt from with care and support being adjusted accordingly. Staff said they had been made aware of the complaints procedure, their duty to help people make complaints and there was also a whistle-blowing procedure.

Good

Is the service well-led?

Our findings

People and their relatives told us the home operated an open door policy that made them feel comfortable in approaching the management team. We saw people and their relatives being actively encouraged to make suggestions about the service and any improvements that could be made by the manager and staff. There was an open, listening culture at the home that made them feel confident that their views would be listened to and acted upon by staff. One person told us, “Matron always listens to you." Another person said, “The management are very visible.”

Staff said the registered manager was approachable, supportive and they would feel comfortable using the whistle-blowing procedure if they had concerns. They told us they enjoyed working at the home and some staff had been working there for many years. There were regular minuted staff meetings as well as those for people using the service and their relatives. One member of staff said, “I’ve been here two years and am happy with the support I get.” Another staff member told us, “There are enough staff, however they are not our own staff and we haven’t been fully staffed for a while.”

The organisation’s vision and values were clearly set out, however staff we spoke with said they felt at arm’s length from some aspects of the organisation and performed more as a stand alone home. They did not fully understand the rationale behind the changes to policies that had been made particularly regarding recording the social aspects of the care plans and these had not been fully or adequately explained to them.

There was little evidence of quality assurance from the organisation. The registered manager was also a director of the organisation and therefore organisational roles were not clearly defined. Some staff told us they felt isolated from the rest of the organisation and did not experience much contact.

The home had clear and transparent care philosophies and values that were reflected in the good care practices that we saw staff following. It was not possible to identify if they were the same as the rest of the organisation as there was limited formal contact.

Staff said they felt comfortable approaching the home’s management team if they had things to discuss and suggest, on a daily basis but not so much with the organisation. We saw supportive, clear and enabling leadership from the management team who were available to people using the service, relatives and staff when required.

There was a policy and procedure in place to inform community based services of relevant information should they be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. This included hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The home’s main method of identifying service quality was by using a system based on a monthly quality audit of the service. The audit covered all aspects of the service. There were also minuted home and staff meetings, review meetings that people and their family attended, spot checks by the registered manager, pharmacy reviews, regular health and safety checks and operational business plans. The quality assurance system measured how the home was performing and any areas that required improvement were identified and addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **Not all records of medicine administered to people were completed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The number of staff on duty in one part of the home was inadequate to fully meet people's needs.**