

# Brookdale Healthcare Limited

## Cranwell Court

### Inspection report

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31 March 2016  
08 April 2016

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 30 & 31 March & 08 April 2016 and was unannounced.

The inspection was carried out by one inspector.

Cranwell Court provides care and support for up to ten adults with mental health needs and learning disabilities. Accommodation is provided in a six bedded house and a four bedded annexe. Occasionally, they also support people whose treatment is in accordance with the requirements of the Community Treatment Order (CTO) of the Mental Health Act 1983. It is part of Brookdale Healthcare Limited. On the day of our inspection 8 people were using the service.

There was a registered manager 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.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and ongoing training. They were well supported by the registered manager and the unit manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the unit manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

# Cranwell 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 30 & 31 March & 08 April 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection the provider completed a 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. We checked the information we held about this service and the service provider. We also contacted the Local Authority.

During our inspection we observed how staff interacted with people who used the service.

Some people who used the service had limited verbal communication or did not wish to communicate with us. However we were able to observe their interactions with staff.

We spoke with five people who used the service and three relatives. We also spoke with the registered manager, two team leaders, a senior support worker and two support staff.

We reviewed four people's care records, four medication records, four staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

One person who used the service replied yes, when asked if they were safe. A relative we spoke with said, "Yes, I know [person's name] is very safe at Cranwell court." We saw that people were relaxed in the company of staff.

We observed that the annex was secure, with a secure garden, however the main building was open and people were able to go out. This was due to the people living in each building. All visitors were asked to sign in as they entered the building, and our identity was checked.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would speak to the senior on shift or the manager." Another explained what would make them think someone was being abused. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Safeguarding referrals had been made when required.

There were notices on the notice board giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff also told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

Within people's support plans were risk assessments to promote and protect their safety in a positive way. These included; social vulnerability, self-harm and assaults/threats. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

There was a health and safety file which contained location of main switch points for services such as gas, water and electricity, emergency contacts and general risk assessments. People had their own Personal Emergency Evacuation Plans (PEEPS) within their support plans. This was to aid staff and emergency services in the event of evacuation of the service.

Accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider's policies.

Staff told us there was always enough of them to support people. The registered manager told us they did not use agency staff but had their own bank staff if needed, but staff preferred to cover themselves due to

the complex needs of the people they were supporting. On the day of our inspection there was enough staff to provide support for each person. We looked at the rota for the past week and following two weeks and found that it was based around the dependency needs and planned activities of people who used the service. The correct amount of staff with differing skill levels were on duty at any time.

We found safe recruitment practices had been followed. One staff member said, "I had to produce proof of identity and get references and have checks carried out before I was able to start." We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

The registered manager told us staff were only allowed to administer medicines if they had completed training and competency checks to do so. People were given their medication in their rooms and time was taken to ensure it had been taken and they were fine following this. The staff member administering the medication checked and completed the Medication Administration Record (MAR) at each stage and completed a stock check of medication before and after each medication administration. We observed this when people were receiving their morning medication. The staff member said, "We always do a stock count every time." We checked four people's medication records. These contained information and a photograph of the person and of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited daily.



# Is the service effective?

## Our findings

Staff told us they were very much supported by the registered manager. One staff member said, "She is very supportive." Another said, "she is very good." We were told that staff had regular one to one supervision and annual appraisals with the registered manager. We saw completed supervision forms within staff files. These showed a variety of subjects were covered. There was a supervision matrix showing that dates for future supervisions had been made for the whole of the year.

Staff told us they received a lot of training. One staff member said, "I have done a lot." Another said, "I understand we are starting a new training pilot with the new providers." We reviewed the training matrix and found this showed training which included; safeguarding, infection control and manual handling. Some staff had completed nationally recognised qualifications at both level two and three.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 to 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw evidence within people's support plans that mental capacity assessments had been carried out, along with best interest meetings, when required and some people were subject to DoLS. Staff were able to tell us who were subject to a DoLS and why it was in place.

Consent to care and support was gained at all times. People had signed consent in their support plans. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. We observed staff gaining consent throughout our inspection, for example, when asking if ready for medication, wanting to go out and speaking with the inspector.

We observed people having their breakfast and lunch time meal. Staff told us that each person had their own budget and some were able to plan and shop independently, others were supported by staff to plan and shop. Each person had their own cupboards in the kitchen to store food. Staff supported people to cook the food of their choice. One person had difficulty with choosing appropriate foods and staff had devised a number of pictures of different meals to assist with choosing food. Staff told us that if anyone had a problem

with nutrition they would seek advice and support from professionals.

Staff told us that each person was supported to see or be seen by their GP, optician, dentist or other health care professionals. The staff told us that each person had a 'health passport'. They explained that this contained all documentation regarding the person's health with contact numbers and information. The person took this with them to every health appointment and if they had to go into hospital. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

## Is the service caring?

### Our findings

When asked if the staff were nice and kind one person replied, "Yes they are." Others responded with nods and smiles. A relative we spoke with made comments regarding the kind and caring approach of the staff. They said, "They are all very nice, I can't speak highly enough of them." Another said, "Oh yes, he is very happy and so are we."

We observed positive interactions between staff and people who used the service, for example, when they were helping people or giving general support, staff were chatty and there was a good atmosphere.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with people about things of interest to them. Some people were becoming unsettled due to strangers being in their home, staff knew how to respond to help them settle. They spoke to them in a calm and reassuring manner. This settled them and showed the staff member knew them well. Staff were able to tell us about individuals and the contents of their support plan, and we observed this in practice.

We observed people being involved in their care and support and given choices in their routines. One person asked if they could go for a walk, staff advised they put on comfortable shoes and a coat and they would go. Another asked if they could go and visit the manager in the main building. The team leader then accompanied them to do so.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at mealtimes and when people got up or went to appointments. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff and there was a good atmosphere.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

The registered manager told us visitors were able to visit at any time and people went to visit family and friends when they wanted. A relative we spoke with said, "[name of person] visits us and other family members quite often." We saw within support plans we reviewed that visitors had been and people were routinely assisted to travel to stay with or visit family.

# Is the service responsive?

## Our findings

A relative told us they were involved in their loved ones support plan and the staff would ring and keep them informed of any changes. They also attended all review meetings. There was evidence in the support plans we reviewed that people and their families or representatives had been involved in developing them.

Staff told us they knew the people in their care but used their written support plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support. The team leader of the annex explained that staff worked a long day shift as it helped with the people who lived there. He explained that they needed continuity and when they had a staff change in the middle of the day it had been unsettling.

Staff confirmed that before admission to the service people had a thorough assessment. The registered manager told us that part of the assessment was to also check the person would fit in the service with the other people who already lived there. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a support plan for when the person moved in. Support plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. On the day of our visit we observed that one person was due to go out for the day. They told us where they were going and what they were going to do. This demonstrated that people were able to make decisions about their day to day life.

People had an individual plan of activities for each day. This had been developed with their key worker, and showed a variety of activities specifically for each individual. One person had a great interest in gardening. He showed us his work sheet and explained he mowed the grass around the home and adjoining areas. He also worked with the gardener and assisted with the allotment. We saw the allotment where a variety of salad and vegetables were being grown.

There was a complaints policy and procedure in place. The policy was also available in an easy read pictorial format to assist people with making a complaint and was on the wall. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that an annual survey was sent out to people and their relatives. The survey for the people who used the service was in pictorial and easy read format to assist with completion. The results were available for the 2015 survey and these were displayed on a notice board in the service. The comments were all positive.

## Is the service well-led?

### Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to. They also said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes and knew who they could contact. They also said they had recently been taken over at provider level but were aware of all the changes.

Staff told us that they received support from the registered manager and other senior staff. One staff member told us, "[registered manager's name] is very good; she is always here and really knows the people who live here." A relative said, "[registered manager's name] is exceptional, as all the staff are."

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post who was supported by a staff team and a management team based at head office.

During our inspection we observed the registered manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful. One person visited the registered manager every day in the office and they had a coffee and chat together.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service. The provider had a variety of quality monitoring processes including care plan audits, daily checks of water temperature and medication. The team leader explained that she had taken responsibility for all quality audits. There was a calendar in place which detailed which audit needed completing when. They told us that when actions had been found they were allocated to specific staff to complete within a time scale. When actions had been needed, we saw they had been completed.

The registered manager told us that all accidents and incidents were recorded and reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening or to stop it happening in the future. Documentation we saw confirmed this.

A variety of meetings had been held on a regular basis, including; residents and staff meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of

these meetings which showed suggestions were acted on.