

Caring Homes Healthcare Group Limited

Cranmer Court

Inspection report

Farleigh Road
Farleigh Common
Warlingham
Surrey
CR6 9PE

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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

About the service

Cranmer Court is a residential care home providing personal and nursing care to up to 62 people. The service provides support to people aged 65 years and over, some of whom are living with dementia. At the time of our inspection there were 36 people using the service.

The home is comprised of a ground floor, first floor and second floor. Each floor has a communal dining room and lounge, and there is an activities room and garden access on the ground floor.

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

People were supported with their medicines and encouraged to be eating and drinking enough for a balanced diet. People were kept safe from the risk of infection and improvement had been made to the general environment for people living with cognitive impairments.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. Staff had been well trained and recruited following safe recruitment procedures. People were treated with respect and staff ensured they understood people correctly if they had any additional communication needs.

People were taking part in activities in line with their hobbies. People also were confident to raise any issues or concerns with staff and the registered manager.

Staff were supported by the registered manager and the registered manager had good oversight of the home. For example, regular quality audits were completed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 July 2020). A number of recommendations were made at our last inspection. We recommended that staff support people with their medicines in line with their communication needs; that the provider use agency staff whilst recruiting new permanent staff; that all mental capacity assessments were reviewed; that the environment of the home was improved to be more stimulating for people with cognitive impairment; to ensure quality audits were thorough and that complaints procedures were correctly followed. At this inspection we found the provider had acted upon all recommendations and made improvements to all areas previously highlighted.

Why we inspected

We inspected this location to follow up on previous recommendations and to review the previous rating. The inspection was prompted in part due to concerns received about medicine errors. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cranmer Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors, a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cranmer Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cranmer Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We also observed interactions between staff and a number of other people who used the service. We spoke with 13 members of staff including the regional manager, registered manager, deputy manager, senior care workers, care workers, wellbeing supervisor, head chef and nursing staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider uses agency staff to ensure there are enough staff to meet people's basic needs and support the permanent staffing team until new staff members have been successfully recruited. The provider had made improvements.

- Although recruitment was still ongoing agency staff were being used to ensure people always received care when they needed it. One person said, "There are enough (staff) and they answer bells quickly."
- During observations staff were seen to answer bells and sensor alarms quickly. Staff were also seen to take their time with people and did not appear to be rushed.
- The registered manager followed safe recruitment processes. This included reference requests and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Additional checks were completed for agency staff and details kept on agency profiles. This ensured the registered manager had oversight of all staff working in the home.

Using medicines safely

At our last inspection we recommended staff ensure they deliver medicines in line with people's communication needs. The provider had made improvements.

- People were supported with their medicines when they needed them. One person told us about the support, "They (medicine administrator) are same time each day."
- There was a clear medicines management process in place. Medicines were stored in a safe way and when administered this was recorded correctly on a medicine administration record (MAR) chart.
- There were protocols in place for both "as and when" medicine and covert medicines. This ensured staff were aware of risks involved with these medicines and how to manage them.
- Medicine audits were regularly completed. This ensured any administration or recording errors were identified and addressed quickly.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe living in the home. One person said, "Yes, I feel very safe living here." One relative also said, "[Person] is bed bound and needs all care and I can't think of anywhere she would be safer."

- Staff were knowledgeable in how to recognise and report safeguarding. One staff member said, "It's about understanding the different types of abuse, they may not always be obvious, it may be gradual, or not be noticeable. If we suspect anything we would report it straight away."
- There was a safeguarding policy in place and this had been followed in recent examples of safeguarding concerns raised. We saw how the registered manager had responded promptly to any concerns raised and had taken appropriate action.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. One person said, "I use a walker and there is always someone to help. The place is well lit and I do feel safe."
- Risk assessments were clear in people's care plans. These offered guidance and advice for staff on how to manage people's individual risks. An example of this was seen with an in-depth nutrition and hydration risk assessment for a person at risk of choking. This included advice and guidance from the Speech And Language Therapist (SALT) team.
- Staff were knowledgeable of people's risks and how they needed to be supported in different ways. One staff member detailed how a person was at risk of falls and what they did to support the person. This corresponded with what was written in the care plan.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

Learning lessons when things go wrong

- The registered manager recorded accidents and incidents when they occurred in the home. We saw that these were analysed to try to identify trends and patterns and implement preventative measures to stop reoccurrence.
- We saw how staff had taken action in response to a person who had increased incidents of falls. Shoes and footwear had been reviewed, a sensor mat had been placed in the person's room and this had reduced the amount of falls the person was having.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we recommended the provider ensured a full review of mental capacity assessments took place to identify where capacity assessments are required in people's care. The provider had made improvements.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had reviewed all assessments since the last inspection. We saw that these were in line with legal authorisations and guidance.
- People had decision specific assessments, these had been completed to ensure all restrictions had the correct authority.
- Best interest decision meetings had been held with health professionals and relatives, where appropriate, to ensure the least restrictive option was being chosen.

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

At our last inspection we recommended the provider ensures the environment is stimulating, engaging and supportive of those with cognitive impairments. The provider had made improvements.

- Signage was present on doors to support people to locate areas of the home such as the toilet and dining room.
- Toilet signs were of a different colour for people with cognitive impairments to be able to continue to be independent.
- Lifts to all floors were available and doorways were suitable to people using wheelchairs. We saw people walking around the home with ease and engaging with various items in communal areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed full assessments prior to a person moving into the home. These included all relevant details that could be used to build the care plan.
- Staff followed guidance and the law to deliver effective care and this was documented in care plans. For example, people had MUST (Malnutrition Universal Screening Tool) assessments completed and reviewed regularly to ensure they were being supported correctly.

Staff support: induction, training, skills and experience

- People told us staff were well trained and knowledgeable. One person said, "Yes, very much so (well trained), I can't commend them enough."
- Staff told us they were supported. One member of staff said, "I feel very supported with the training here and I have never felt that I have needed any additional training."
- All staff completed induction processes when they started working at the home. This included "shadowing" experienced members of staff to ensure they fully understood their roles and responsibilities.
- All staff received regular training, this included refresher training and specialist training to respond to people's individual needs. Areas of training included dementia training, end of life care training and moving and handling. The registered manager had a training matrix, this meant that they had full oversight of where refresher training was required.

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

- People were supported to have a balanced diet. One person said, "The food is excellent and plentiful."
- People were supported with softened and textured diets if they were at risk of choking. Staff and the chef were knowledgeable in people's needs and how they needed to support people with various diets. This was also documented in people's care plans.
- Staff recorded people's fluids to ensure they stayed hydrated. Care plans detailed who was more at risk of dehydration and daily notes showed regular prompting of fluids and snacks.

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

- People told us they saw health professionals whenever they needed them. One person said, "They (staff) are observant but I can tell them anyhow, they will get anyone (health professionals) I need."
- Care plans showed regular contact with health professionals. Staff were seen to be following guidance provided and advice was sought regularly if staff had questions.
- Staff were knowledgeable in advice that had been provided to them by health professionals. An example of this was a person who had mobility needs and was being well supported by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "More than kind, they are fantastic."
- Staff received equality and diversity training and the provider also had a policy in place. This ensured staff understood what was expected of them.
- Staff spoke about people in a respectful way. One staff member said, "I exercise patience and gentleness at all times. I try to get time in the day to actually sit and chat with people. It is these such times that we often get a different response from people and they share their life stories."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in their care. One person said, "They encourage me to make choices."
- A relative told us how staff had encouraged their relative to be independent. They said, "They used to encourage her but now she has embraced her independence."
- Staff were seen to knock on people's doors and wait for a response before entering. One member of staff said, "It's important to respect people's privacy. This is their home."
- Care plans gave guidance to staff on how people liked to receive care. There were also prompts in care plans to advise staff to ask people their views and wishes whilst they were supporting people. During observations we saw staff interacting with people in this way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff supported them in a personalised way. One person said, "Staff are lovely, and they really know me."
- Care plans detailed people's preferences, likes and dislikes. This included people's favourite routines and hobbies so staff could support them to follow these.
- Staff spoke about how they delivered care in line with people's individual preferences. One staff member said, "You can't treat everyone the same, some people like to be up early, others like to sleep in. Some people like showers more frequently, whilst others prefer to have more support with washes. It's important we, as staff, make sure we meet their preferences wherever possible."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People told us staff communicated with them well. One person said, "I do need help and large print is available."
- People had detailed communication care plans with their different needs detailed with guidance for staff on how to meet these. This guidance included 'giving enough time to respond', 'speaking slowly using short sentences', 'respectful distance so not intimidating', 'avoid distractions such as loud TV or radio', 'check if you have heard correctly.'
- Staff were seen to adapt their approach depending on who they were supporting. One person was hard of hearing in one ear. Staff were seen to speak clearly into the other ear so the person could understand them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to see their relatives and have regular contact with them during periods of 'lockdown' during the pandemic. Staff had supported people to make regular phone calls and video calls to ensure they still had regular contact with their loved ones during the pandemic.
- The home had a wellbeing supervisor. They explained that they had designed a range of activities to meet people's different preferences and hobbies.
- The wellbeing supervisor had been a new role introduced since the last inspection. They said, "I want people to leave the room with laughter, or with a sense of achievement." They went on to explain how they

supported people to continue their hobbies. For example, they described one person who loved sewing but this was difficult due to loss of movement. They had purchased an extra-long sewing needle and they were learning to use it together.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise complaints. One person said, "I have not had to complain but I would talk to [registered manager] if I needed to." Another person said, "I know how to complain and who to complain to." A relative also said, "If I needed to I would complain to the senior nurses or manager depending what it was, but I have never wanted to."
- There was a complaints policy with clear action to take in response to any complaint raised. Action was seen to have been taken by the registered manager and complaints had been addressed in a timely way.

End of life care and support

- People were being supported by staff at the end of their lives. One relative said, "Mum and I have all the attention you can possibly imagine; they are wonderfully kind."
- People had end of life care plans in their support files. This detailed their wishes if or when they entered this part of their life.
- The registered manager was knowledgeable on whom she would involve adding further support for people receiving end of life care. They spoke of local hospices they would seek advice from and work alongside to ensure people had the most dignified end of life experience. Staff were also knowledgeable in this area, one staff member said, "You have to be not only supporting the people, but supporting the relatives as well as this is such a tough time. And it's so important that we have all the individual wishes of that person to give the most dignified end of life experience."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended the registered manager ensures all complaints and concerns are recorded and the action taken as a result of them documented. The provider had made improvements.

At our last inspection we also recommended the provider ensures quality audits are thorough in identifying issues or areas where support is required for the service. The provider had made improvements.

- People received person-centred care and felt involved in decisions about their care. People and relatives told us about positive results from the care they received. One relative said, "[Person] was reclusive and reluctant to go out before her admission to Cranmer and now she is so much better, they have given joy back to her life, I can't thank them enough."
- The registered manager understood their responsibilities and had improved their recording of all complaints. This enabled oversight and meant any concerns raised were recorded and dealt with in a timely manner.
- Quality audits were completed to ensure improvement was being driven at the home. Both the registered manager and regional manager had full oversight of incidents that occurred at the home and ideas identified by the audit processes to make improvements to the home.
- There was a duty of candour policy which we saw had been followed correctly by the registered manager in response to a recent incident. This meant that pertinent information had been shared with other professionals and family members in a timely way.
- We had received all relevant notifications. This is something the provider is legally obliged to complete to be in line with our regulations and to ensure we are informed of all important incidents or events that happen at the home.
- Staff were aware of their roles and responsibilities to provide a good level of care to all people living in the home. Staff were positive when speaking of the culture at the home. One staff member said, "What I like about here is that everyone that works here genuinely cares and wants the people to be as comfortable as possible."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People told us staff asked them for feedback and they felt comfortable to speak to staff and the registered manager. One person said, "Yes, I can say what I want."
- Staff told us that they felt supported and listened to by the registered manager. One staff member said, "There are staff meetings each month which are useful and a good opportunity to share information and discuss any issues that arise." We also saw examples of staff meeting minutes where actions were followed up in response to comments made by staff.
- Relatives felt involved where appropriate. One relative said, "They ask me for ideas and I see them implement them quickly."

Continuous learning and improving care; Working in partnership with others

- The registered manager had analysed improvements that had been identified at the last inspection and had ensured improvement was made. The registered manager had been in touch with CQC regularly ensuring the changes they were making were the most effective to drive improvement. An example of this was seen with the complete review of the mental capacity assessments for all people living in the home.
- The provider and the registered manager had regular meetings to discuss how they can learn from incidents or identified improvements and how they can make changes to ensure they were supporting people well.
- The registered manager was working well with social care professionals when people were starting packages at the home. They ensured that all knowledge was shared so they knew as much as possible to confirm they could meet the person's needs.
- We saw staff were working well with health professionals. For example, there was evidence of healthcare referrals and advice and guidance in people's care plans.