

Accomplish Group Support Limited

Cranwell Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Cranwell Court is a 'care home'. It provides care and support for up to seven people living with learning disabilities or autistic spectrum conditions. The service comprises of a six-bedded house and a self-contained annexe flat. At the time of the inspection, four people were being supported by the service.

People's experience of using this service:

People's support focused on them having as many opportunities as possible to gain new skills and become more independent. This supported the principles of 'Registering the Right Support' and other best practice guidance. These ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Feedback from everyone was positive about how the registered manager and staff supported people in a kind and person-centred way. People said their needs had been met because of this. There was evidence the service had been effective in achieving good care outcomes for people. This was because the support provided enabled people to live happy and active lives.

People were protected from harm by staff who were confident in recognising and reporting concerns. Potential risks to people's health and wellbeing were assessed and minimised. There were enough staff to ensure people's needs were met safely. Where required, people were supported well to manage their medicines. Staff followed effective processes to prevent the spread of infection.

Staff had the right skills to meet people's needs effectively. Staff were well supported and had information to meet people's assessed needs. Staff supported people to have enough to eat and drink, and to access healthcare services when required. This helped people to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. People were involved in planning and reviewing care plans. People told us staff respected and promoted their privacy, and dignity.

Information in people's care plans supported staff to deliver person-centred care that met people's needs. The service worked in partnership with other professionals to ensure people received care that met their needs. There was a system to ensure people's suggestions and complaints were recorded, investigated, and acted upon to reduce the risk of recurrence. The service did not currently provide end of life care.

Audits and quality monitoring checks were carried out regularly to continually improve the service. The provider had systems to enable people to provide feedback about their experiences of the service. People's experiences of the service were positive. Staff felt fully involved in ensuring the service met its regulatory requirements.

Rating at last inspection:

At the last inspection, the service was rated Good (report was published in May 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor all information we receive about the service and schedule the next inspection accordingly. For more details, please see the full report which is on the CQC website at www.cqc.or.uk.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Cranwell 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We contacted the service on the morning of the inspection to make sure the registered manager and other staff would be in to support the inspection. This was because they were often out, supporting some people to pursue their hobbies and interests.

Inspection activity was carried out on 25 April 2019, when we visited the service to see the manager; speak with care staff; and to review care records, and policies and procedures.

What we did:

Before the inspection, we looked at information we held about the service to help us plan the inspection. This included information shared with us by the local authority and notifications. A notification is information about events that registered persons are required to tell us about. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we looked at various information including:
Care and medicine records for two people living at the service.
Records of accidents and incidents; compliments and complaints; audits; surveys.
Two staff files to check the provider's staff recruitment, training and supervision processes.
Some of the provider's policies and procedures.

We spoke with two people using the service, two care staff and the registered manager. We contacted the local authority for feedback, but we did not get a response.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and with staff who supported them. One person said, "It's okay here and I'm happy."
- Staff demonstrated they knew how to keep people safe. They had been trained in how to identify people at risk and report concerns. One staff member told us, "I have no concerns about the safety of people we support. If we had concerns, we are a type of team that wouldn't let it fester. We would deal with it straightaway."
- Staff told us people were treated well and their individuality respected. They said they had never been concerned about discriminatory practices at the service.
- The registered manager told us that as part of their 'safeguarding and enablement project', there were plans to train people using the service and their representatives to help them to understand safeguarding and safety.
- Records showed the registered manager took appropriate action to safeguard people. This was because they reported potential safeguarding concerns to the local authority in a timely way.

Assessing risk, safety monitoring and management

- People had detailed risk assessments to enable staff to manage risks to people's health and wellbeing well. We saw that risk assessments were reviewed and updated when people's support needs changed. This supported staff to always provide appropriate care to people.
- There were processes to share information with other professionals if required to ensure people received consistently safe care.
- People told us their care was managed safely, and risk assessments did not put unnecessary restrictions on their freedom, choice and control. One person whose interest was gardening, told us they had done health and safety training at college to learn how to use equipment safely.
- The safety of the environment people lived in had been assessed. This was to identify and minimise any hazards that could put people, staff and visitors at risk of harm. We saw staff completed various regular health and safe checks to support this.

Staffing and recruitment

- There were safe staff recruitment procedures to ensure staff employed by the service were suitable. The registered manager had completed all necessary checks, including with the Disclosure and Barring Service (DBS) and obtaining references from previous employers. These checks reduced the risk that potential new staff may be unsafe to work at the service.
- There were enough staff to support people safely. People told us there was always enough staff to support them, including when they went out. One staff member said, "Staffing has never been an issue here. We have

enough staff to support everyone and we have even more on shift when we need to cover for staff escorting people out."

- The registered manager told us staffing levels had stabilised since early 2019. They now had a full and consistent staff team, and hardly had any agency staff working at the service. This was a positive improvement as we found agency staff worked at the service more regularly during our previous inspection. This change supported consistent care for people using the service.

Using medicines safely

- People told us they were supported well to take their medicines. One person managed their own medicines, but staff checked periodically to ensure they continued to manage this well.
- A review of people's medicine administration records (MAR) showed that medicines were managed well at the service. There was guidance for staff on how to manage medicines safely. Staff told us they were happy with processes in place to help them do so.
- A staff member showed us their processes, including regular audits they carried out. Information from audits of MAR showed no concerns with how people's medicines were managed by staff.

Preventing and controlling infection

- The service was clean and a pleasant place for people to live in. People told us staff supported them to keep the service clean, including their bedrooms.
- Where necessary, staff wore disposable gloves and aprons to ensure people were protected against acquired infections.
- Staff told us they were trained in infection prevention and control and there were appropriate systems in place to enable them to minimise the spread of infection.

Learning lessons when things go wrong

- There were systems to ensure incidents or accidents that occurred at the service were managed effectively. Staff knew they needed to inform the registered manager of any incidents so that appropriate action could be taken to deal with these in a timely way.
- Records showed incidents were recorded and the registered manager reviewed this information to ensure everyone was safe. They also put measures in place to reduce the risk of recurrence.
- One staff member told us how well their team managed incidents involving a person who was no longer at the service. Lessons learnt from this were shared with staff during supervision and team meetings. This also resulted to the person moving to a more suitable service for their needs.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us staff provided good care and supported them in a way that met their individual needs.
- People's care was planned and managed in line with good practice guidance. There were systems to continually assess people's care and support needs to ensure they received effective care.
- People had detailed care plans which showed how their needs, choices and preferences would be met by staff. These were reviewed regularly with people and updated when necessary. This was done during monthly one to one meetings between people and their keyworkers. Keyworkers are staff who take a lead role in planning and coordinating the care and support of people allocated to them.
- There were processes to ensure people's holistic needs were identified and staff worked well with people to ensure these were consistently met.
- Staff told us people were treated well and their individuality respected. They said they had never been concerned about discriminatory practices at the service. None of the people living at the service needed any equipment to enhance their care.

Staff support: induction, training, skills and experience

- People told us staff met their needs well because they knew what they needed support with.
- Staff were trained and supported to gain skills necessary for them to support people effectively. Most of the staff working at the service were skilled and experienced as they had worked in care services of this type for many years.
- Training records showed staff were mostly up to date with their training, but some training was overdue because of staff being on leave. The registered manager monitored this regularly.
- Staff told us of they had completed appropriate induction and training that enabled them to carry on their roles well. One staff member said, "Training is okay. When you have been doing it for so long, it becomes second nature."
- Staff told us they were happy with how they were supported in their work. They told us, and records showed they received regular supervision. They also said they worked well as a team to share learning and the registered manager was very supportive to all staff.

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

- People told us they had enough to eat and drink, and they enjoyed the food. One person said, "The food is nice."
- People told us they were supported by staff to prepare their meals. One person who said they were not very good at cooking told us they really appreciated the support by staff. A person who lived in a self-contained flat said they mainly prepared their own meals, but not when they were too tired after a day at

their voluntary work.

- Staff demonstrated they understood people's food preferences and people had contributed to planning the menus. These showed people had a variety of food.
- People's specific dietary needs were also catered for to maintain people's health and wellbeing.

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

- The service was planned to meet the needs of people living there. Some people's bedrooms were on the first floor and this was not a problem as none of the people living there had mobility problems. One person who had a problem going up the stairs now lived in ground level accommodation.
- People told us they liked the refurbishment work done at the service. One person said this made the service 'homely'. They told us about further work to improve the environment for everyone, such as installing a smoking shelter so that there was a specific place for people to do so. They also told us about the work they had done to personalise their flat and they were looking forward to planting flowers to make their private garden look nice for the summer.
- Another person was proud about the work they did to keep the main garden looking nice. This was their special interests and they were happy that staff supported them to do this.
- There were thermostats for each of the people's individual bedrooms to ensure the temperature in their bedrooms was comfortable for them. People liked that this could be controlled individually.
- Prior to the inspection, we were concerned that the provider's plan to add a self-contained flat did not support 'Registering the right support' principles because the service is based in a rural setting. However, the person living in the flat told us they were happy with their increased independence. They said, "I love the area and the countryside. It is not too remote, and I can take a taxi or bus to take me wherever I want to go."

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

- Records showed people were supported to access various health services when required. People confirmed this.
- Staff told us they supported people to attend appointments when due their regular check-ups or for occasional specialist appointments. There were records of these appointments and any advice given about people's care or treatments was included in their care plans. This ensured people received consistently effective care
- There was evidence the service worked closely with other professionals when required to meet people's care, support and treatment needs.

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

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 to receive care and treatment with appropriate legal authority. 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 and found these were met. Records showed people had capacity to make decisions and had given consent to their care support.
- Where necessary, relatives supported some people to make more complex decisions about their care. This

ensured people fully understood the implications of what was being proposed and that any care provided was in their best interests.

- Staff showed good understanding of the MCA. The registered manager understood their responsibility to report to relevant professionals if they were worried about someone's mental capacity to make decisions about their care. Everyone was happy with how people's rights were promoted by the staff.
- None of the people living at the service experienced restrictions to keep them safe. This meant no DoLS authorisations were required.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they had been treated well by staff who were caring. One person said, "Staff are nice and caring. I am happy here."
- People told us they enjoyed good and friendly relationships with staff. We observed that staff and people interacted in a mutually respectful manner. Staff spent time talking to people about their interests and they appeared to have a lot of common subjects to talk about.
- One person told us staff spent time speaking with them, particularly when they were away from the service visiting their preferred places of interests.
- One staff member said, "The atmosphere here is great. We have such a good team. Staff and the residents get on well together."
- People told us staff respected their diverse needs and preferences, and they provided care in a way that supported this.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made decisions and choices about their care. They were involved in discussions about how they wanted to be supported by staff, and staff respected their choices.
- We saw that care plans had been developed with people and they were involved in regularly reviewing these. Where required and with people's consent, their relatives and other professionals were involved in helping people to make decisions.
- One person said, "They (staff) have my support plans in the office and they talk to my [relatives] about that." The person told us nothing else needed to be done to make their life better because they were happy with everything.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff supported them in a respectful manner and they always promoted their privacy and dignity. People said staff were particularly careful to protect their privacy when talking about their care. One person told us discussions with their keyworker were always held in private.
- People were independent in managing their personal care, although some needed prompting. They told us they needed support cooking meals, but they could help by preparing the ingredients required and tidying up. Staff told us how they supported people to learn new skills, with the aim of them living independently in the future.
- One person had moved to a self-contained flat and they told us they were much more independent now. There were plans to further support the person to move into their own home in the future.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff provided their care and support in a person-centred way to meet their individual needs. One person said, "Staff are good and I'm happy."
- People said their care plans reflected their care needs and preferences. We saw that people had individual goals they wanted staff to help them to achieve. These were monitored and reviewed regularly to track what progress people had made.
- People told us staff always supported them quickly if they needed support.
- People were also pleased with how much support they had to pursue their hobbies and interests. One person told us about the places of interest they visited regularly to enjoy their gardening or horticultural hobby. They collected various magazines and catalogues about farming and farming equipment. It was evident when we spoke with them that they were very passionate about this. The person also told us about visits to their relatives and the paid work they did around the service to cut the grass and empty dustbins. As part of the local authority's project to provide meaningful occupation for people with learning disabilities, the person also picked litter around some local schools. They were proud of this.
- Another person told us about their voluntary work at a local charity shop. They felt this was their way of 'paying back'.
- Staff told us people had many opportunities to take part in activities of their choosing with some doing more than others. A staff member told us they were working closely with one person to help them identify what else they wanted to do to occupy their time.

Improving care quality in response to complaints or concerns

- People told us they were happy with their care and they had no reason to complain. They also said they would feel comfortable speaking to staff and the registered manager if they were unhappy about anything.
- The provider had a system to manage people's concerns and complaints. The service did not get many complaints and there had been none recorded in the last 12 months. However, historical records showed that appropriate action had been taken to investigate complaints in a timely way. Feedback had also been given to the complainants.
- The registered manager explained to us how they would use learning from complaints to improve the service. They said this would normally be shared with all staff through their regular team meetings. It would also form part of their service development plan.

End of life care and support

- None of the people living at the service required end of life care.
- There was a system to record people's wishes about how they would like to be supported at the end of their lives. However, some people indicated that they did not want to talk about this at present.

- The registered manager told us they would continue to check occasionally if people want to add this information in their care plans.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- People told us the service was good at meeting their individual needs. One person said, "It's a good home to live in." Staff also told us of the positive environment in the service that enabled people to live happy lives and gain more independence. One staff member said, "I've always found the service to be good, safe and provides the support the residents need."
- To truly promote person centred care, the provider had a 'compatibility risk assessment' to check whether new people would fit in with those living at the service. This was a good way of identifying if there might be some conflicts between people before a new person moves in to the service. This was a result of learning from when a person did not settle well to living at the service. One person told us that time was not pleasant.
- The service had effective quality monitoring systems to check that people received consistently safe, effective, compassionate and good-quality care. The registered manager and other senior staff carried out regular audits. This meant they could regularly identify areas of the service that required improvements and make those improvements in a timely way.
- There had been checks of people's care records, staff records, and incidents and accident records to ensure these contained up to date and relevant information.
- The provider also carried out periodic checks of the service. One person was proud to tell us they were part of the provider's quality monitoring team. They went with the team to other services owned by the provider to particularly look at the quality of the environment people lived in. They said they used this experience to ensure the home they lived in was also kept clean and safe.
- The registered manager appropriately reported relevant issues to us and commissioners of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they enjoyed their job and they were supported well to carry out their roles well. They also said they worked well as a team to provide good quality care to people living at the service. Staff had various lead roles in first aid, health and safety, infection control, medicines, and others. They told us they knew what was expected of them to ensure good standards were always maintained. The staff member whose lead role was in managing medicines explained to us what they had to do to ensure this was managed safely.
- The registered manager was supported by a deputy manager and other senior staff in their role. As well as carrying out audits of the service, this also included assessing staff's competency, providing supervision and other practical support. Staff told us this enabled them to keep their skills and knowledge up to date.

- Staff said team meetings were useful in ensuring they always had up to date information and could share learning with their colleagues.
- Staff told us they felt valued and their contribution in ensuring the service consistently met its regulatory requirements were always appreciated.

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

- People told us they spoke with staff all the time about the support they might need. We saw people also had monthly discussions with their keyworkers, where they provided feedback about what was or was not going well for them. People told us they felt listened to.
- Annual surveys were also sent out to people, relatives and to get feedback about the service. The 2019 survey had just been sent out at the time of the inspection and the registered manager told us they expected to get the responses back by the end of May.
- We saw positive feedback from people and relatives from the 2018 survey. Some staff said the service was not well led. However, staff we spoke with were happy with how the service was now managed. One staff member said, "The current manager is very good."

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they required and expected.