

# Mr & Mrs S Fuller

# Cranleigh

## Inspection report

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Date of inspection visit:  
09 April 2019  
15 April 2019

Date of publication:  
03 May 2019

### 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: Cranleigh is a care home service. It is registered to provide personal and nursing care for up to eight younger adults who are living with a learning disability. At the time of our inspection eight people were living in the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include choice, control, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People's capacity to make decisions had not been assessed. However, people were being cared for in line with the Mental Capacity Act 2005.

People were positive about the care they received. People's care was individualised and they were supported to maintain their independence.

People were involved in making decisions about their care and treatment.

People felt safe and were cared for by staff who understood how to safeguard people from the risk of abuse.

Individual risks to people and environmental risks had been identified and planned for.

People's medicines were managed safely by staff who had received the appropriate training.

Staff were safely recruited and received support and training relevant to their role.

The service had good links with the local community and people were supported to maintain their interests and hobbies.

There were systems in place to monitor and assess the quality of service being delivered.

People were encouraged to provide feedback about the service and attended regular meetings about the running of the service.

Rating at last inspection: Good (report published 6 October 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to inspect as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.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?

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 ●

# Cranleigh

## 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:

This inspection was carried out by one adult social care inspector.

#### Service and service type:

Cranleigh 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. Cranleigh can accommodate up to eight people, eight people were living in the service at the time of our inspection.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. 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 gave the service 48 hours' notice of the inspection visit because it is small and the manager and the people living in the service are often out. We needed to be sure that they would be in.

#### What we did:

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications. We also assessed the information included on the provider information return.

During the inspection we looked at two people's care files, three staff recruitment files and a range of documents relating to the day to day running of the service. We also spoke with two people who lived in the service, the registered manager and two members of staff.

# Is the service safe?

## Our findings

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

Good:  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. One person told us, "I feel safe here, I feel more safe than I have anywhere."
- Staff understood their responsibilities in relation to safeguarding and knew who they would report concerns of abuse to.
- There had been no safeguarding concerns since our last inspection, but the registered manager told us how they would escalate and deal with any concerns.

Assessing risk, safety monitoring and management

- Individual risks to people had been identified and detailed assessments were in place but we found a falls risk assessment was not in place for one person. However, we saw the person was being cared for in a way that minimised this risk.
- Environmental risks had been assessed and information was available to staff to guide them how to manage these risks.
- The environment was well maintained with regular servicing of fire equipment, electrical items and the gas supply.

Staffing and recruitment

- Appropriate background checks had been completed before staff started working at the service. These included references and a check with the Disclosure and Barring Service.
- There were consistently enough staff to meet people's needs. Staff rotas showed staffing levels were increased to facilitate people's appointments and outings.
- People and staff told us there were enough staff to maintain people's safety.

Using medicines safely

- People told us their medicines were well managed. One person said, "My medicines are always given to me on time."
- Medicines were stored securely and stock checks of people's medicines were carried out weekly to ensure people had received them correctly. The registered manager completed a monthly audit of people's medicines.
- Staff received training in the safe management of people's medicines and their competency in this was reviewed annually.

Preventing and controlling infection

- There were safe practices in place to control and minimise the spread of infection. Staff were observed

wearing the correct personal protective equipment when required.

- The home was observed to be clean throughout and cleaning schedules were in place to ensure regular cleaning took place.
- Food was prepared and stored in a safe way. Records showed temperatures of food were taken before being served and the kitchen was cleaned daily.

Learning lessons when things go wrong

- Records showed that accidents and incidents were fully recorded and people were observed for a period of time after an accident to monitor their health and wellbeing.
- The registered manager reviewed accident and incident reports on a monthly basis to ensure that lessons were learnt and action taken to reduce the risk of re-occurrence.



# 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

RI:  The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had not always been carried out to determine what decisions people couldn't make for themselves. We raised this with the registered manager who told us they would assess people's capacity.
- Despite the lack of MCA assessments, the registered manager and staff provided care to people in line with the Mental Capacity Act 2005 and were able to tell us why they made some decisions for people, for example, looking after some people's money and bank cards. There were also detailed records in place to show why decisions were being made in people's best interests.
- One person was being deprived of their liberty. We saw a thorough assessment had been completed and the person's family had been involved in the decision.
- People told us they had choice about how their care was delivered, one person told us, "The staff give me choice, I have choice in everything."

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

- The registered manager met people to assess their needs before a decision was made about whether their needs could be met at the home.
- Assessments were detailed and took account of people's physical and emotional needs.
- The registered manager told us they accessed a variety of websites to keep their knowledge updated on best practice guidance.

Staff support: induction, training, skills and experience

- Staff received regular training relevant to their role. Training was delivered online and staff had to complete workbooks for each course.
- There was an induction programme in place for new staff.
- Staff supervisions took place yearly. This was a confidential meeting where staff discussed their role and any training needs. Staff also had a yearly appraisal. The registered manager told us they also had informal meetings with staff to discuss any issues relating to their role.
- The registered manager planned on making supervisions more frequent.

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

- People enjoyed the food, one person said, "The food is nice, they'll give me something else if I don't like what's on that day. I can choose to have my food in my room if I want to like I did today."
- People who were living with diabetes had any risk associated with this assessed and managed.
- People's weight was monitored regularly and people were supported to make healthy meal choices to maintain a healthy weight.
- Our observations showed mealtimes were relaxed. Staff sat with people to eat and there was plenty of conversation over the table at lunch.

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 were supported to access healthcare services, one person told us, "Staff take me to all of my appointments at the hospital. They get the doctor out when I'm not feeling well. I see the psychiatrist too."
- Referrals had been made to other healthcare professionals to seek advice where there were changes in a person's physical or emotional wellbeing.
- Advice from other professionals was clearly documented in people's care records.

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

- The service was homely and people were able to personalise their rooms to their liking.
- Communal areas of the home were kept tidy and free from clutter.

# 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

Good: □ 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 we spoke with told us staff were kind and caring, one person said, "They look after me and listen to me" and "The staff are really good to me, I'm very happy here."
- There was a friendly atmosphere in the home and our observations showed staff engaged with people in a warm and empathic way.
- Both the registered manager and staff ensured people had the emotional support they needed at difficult times. The registered manager told us they stayed in hospital one night with one person when they had an emergency operation. They went on to say how the deputy manager was attending a funeral with another person who had recently been bereaved.
- Staff had a good understanding of people's diverse needs and what individual support each person needed.
- Staff helped people to enjoy religious events such as Christmas and Easter, one person explained, "We have an advent calendar here at Christmas with presents in it, we have a lovely time here at Christmas" and "We have an Easter egg hunt."
- One person liked to attend a carol service at the local Church every Christmas and staff supported them to do this.

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

- People we spoke with told us they were involved in the planning of their care. One person said, "I don't want to read my care plan, but I go through some of it with my keyworker. I have two keyworkers and I get on really well with both of them."
- People were able to choose how they spent their day and we observed staff consistently giving people choice about what they would like to do.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to maintain their independence, one person told us, "I can normally make my own bed, but I need staff to help me at the moment."
- Our observations showed staff encouraging people to be independent and we heard one member of staff asking a person if they would like to set the table.
- Staff respected people's privacy and we observed staff knocking on people's door and waiting for a response before entering.

# Is the service responsive?

## Our findings

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

Good: □ 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

- Some people's care plans did not always contain the most up to date information about their care needs.
- We saw some care plans were very detailed and were reviewed yearly or when people's needs changed.
- People were able to maintain their interests, one person told us, "Staff help me to get pens and pencils for my colouring." Another person played football for local teams and also went golfing.
- People were also supported to take part in their local community. Some people attended Church and were able to go to local events such as the annual carnival. There was also a local work skills group that one person attended.
- Staff accompanied people to theatre trips in London and the registered manager took one person who was an Elvis fan to an Elvis museum.
- Staff took people to visit family members where they were unable to visit the home. People were able to have family and friends visit them and were able to invite them to parties held at the home.
- People went on annual holidays and one person told us how people were able to have a say about where they wanted to go.

Improving care quality in response to complaints or concerns

- There had not been any complaints made about the service since our last inspection.
- There was a complaints procedure in place and people we spoke with felt comfortable raising any complaints with either the staff or the registered manager.

End of life care and support

- There was nothing in people's care plans about their end of life preferences however, the registered manager was able to tell us about the end of life wishes for some people. They added that speaking about this was upsetting for some people, however, the recent bereavement experienced by one person led to discussions with some people about their end of life wishes.

# 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

Good:  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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had a clear vision for the service and that was to put people at the centre of everything they did.
- Our conversations with staff and observations showed that staff were committed to providing person-centred care.
- The registered manager completed quality audits on a monthly basis and we saw actions were taken where shortfalls had been identified.
- One member of staff told us there was a "good handover system" where staff going off duty let the next staff know about any key information about people's needs.

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

- The home was run by an experienced manager who understood their responsibilities relating to reporting significant incidents to the CQC.
- Staff spoke positively about how the home was run, one member of staff told us, "[registered manager] is really good, you feel listened to" and "The morale is good, I love it, we all work together."
- People we spoke with told us the home was well led and the registered manager was approachable.

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

- People had regular meetings, one person said, "We have resident's meetings, we talk about any problems, about holidays, where we'd like to go." One person was chosen to be the chair and another to take the minutes.
- The registered manager told us people sat on the interview panels for new staff.
- Staff met monthly to discuss any issues relating to their work and people's changing care needs.
- People were invited to complete feedback surveys and we saw the responses to the last survey were positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged people and staff to speak with them about any suggestions they had about the service and had an 'open door policy'.

- Staff worked in partnership with two local charities which provided social leisure and learning opportunities for people. People also had access to a local school's hydrotherapy pool.
- The registered manager was a member of the National Care Association and attended local managers and providers meetings where they could exchange knowledge.