

South Yorkshire Housing Association Limited

Cranworth Close

Inspection report

1 - 6 Cranworth close
Rotherham
south Yorkshire
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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 

Overall summary

This inspection took place on 4 and 7 December 2015 and was announced on the first day. The home was previously inspected in October 2013 and the service was meeting the regulations we looked at.

Cranworth Close is a care home for people with learning disabilities. It had been a care home accommodating up to 24 people. However, people were gradually moving to supported living and at the time of our inspection there were six people living at the service. The service is situated in Rotherham close to local amenities. It provided nursing and residential care, and at the time of

our visit consisted of one house and a central administrative and facilities building. Staff within the service were provided by Rotherham, Doncaster and South Humber NHS Foundation Trust.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who used the service and their relatives we spoke with told us the service provided good care and support. They told us they felt safe, the staff were caring, considerate and respected their choices and decisions.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and people who used the service had been assessed to determine if an application was required.

People were involved in menu planning, shopping and meal preparation. We saw people were able to choose what they wanted to eat and there was no set times. There was plenty of choice and snacks available. People had access to drinks as they wanted them.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect. There was a friendly, homely atmosphere and staff supported people in a kind and caring way that took account of their individual needs and preferences.

People's needs had been identified, and from our observations, we found people's needs were met by staff who knew them well. Care records we saw detailed people's needs and were regularly reviewed.

Recruitment practices ensured that the staff employed were suitable to work with people. Staff received training and support to deliver a good quality of care to people and a training programme was in place to address identified training needs.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager was aware of how to respond to complaints. Information on how to report complaints was clearly displayed in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

Medicines were stored and administered safely.

There was enough skilled and experienced staff to meet people's care needs.

Good



Is the service effective?

The service was effective.

People were cared for and supported by staff who had relevant training and skills. Staff understood their responsibilities in relation to consent and supporting people to make decisions. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards.

People were supported with their dietary requirements. Their plans were clear about what they liked and didn't like and included guidance about any special dietary requirements.

Good



Is the service caring?

The service was caring

From speaking with people who used the service, their relatives and staff it was evident that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding, kindness and respect, and took into account people's privacy and dignity.

We saw people were involved in discussions about their care and we saw evidence of this in care files.

Good



Is the service responsive?

The service was responsive

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on people's needs and people's needs were met.

People regularly accessed the community and took part in a variety of activities.

There was a complaints system in place. The complaints procedure was available to people who used the service and visitors. People who used the service and their relatives knew how to complain and were comfortable to raise any concerns about the service people received.

Good



Is the service well-led?

The service was well-led.

There was a registered manager in post.

Good



Summary of findings

There were systems in place for monitoring quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues.

People who used the service also had opportunity to attend meetings and were encouraged to give their feedback about the service.

Cranworth Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 7 December 2015 and was announced on the first day. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received

about the service, from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with three people who used the service and two people's relatives.

During our inspection we spoke with four care staff, two nurses and the registered manager. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives told us Cranworth Close was a safe environment. People we spoke with said they felt very safe. One person said, "I am safe here, if there is anything wrong it is always sorted." A relative told us, "I know (my relative) is safe, they had a previous bad experience but have loved it here."

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, one person required two staff for moving and handling we saw staff use appropriate techniques to ensure the person's safety during our visit.

Policies were in place in relation to safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures in the office which was accessible to all staff. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. All staff we spoke with knew how they would respond to suspected abuse; they all said they would report immediately either to the nurse or the registered manager. Staff also told us if required they would contact the local authority. Staff were also aware of whistleblowing procedures and explained how they would do this if necessary.

There were enough staff to meet people's needs and provide personalised care and support with activities. Staff were always present when people spent time in the communal areas and people who were spending time in their rooms were suitably supported. We saw that the staff responded quickly so that people did not have to wait for support or assistance. However staff we spoke with,

explained to us that as people had moved to supported living the staffing levels had been reduced and they were anxious it may be reduced further. At the time of our inspection there were two support workers and a nurse on duty during the day. This met the needs of people who used the service. Staff told us if this was reduced it would mean people would not get out to do activities because if staffing reduced to one support worker and a nurse if one person went out this would only leave one member of staff with five people. People that lived at Cranworth Close required two staff for moving and handling and personal care so this would mean people could be at risk.

People's health was monitored and reviewed if any changes had occurred. We saw risks had been identified for individuals and measures were in place to ensure people's safety.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received, administered and returned. However, we found the amount carried over from the previous month's supply was not always recorded on the MAR; the registered manager assured us this would be put in place.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that they would not be employing any new staff as the service would eventually close and deregister from the Care Quality Commission. The staff files we looked at contained all the required information and checks to evidence safe recruitment.

Is the service effective?

Our findings

People and relatives we spoke with told us staff respected choices and decisions. One person told us, “Staff are kind and always there when you need them.” Another person said, “The staff always respect me in my decisions.”

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The application procedures for this in care homes 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. DoLS applications had been made to the local authority as appropriate. Staff were also aware of the legal requirements and how this applied in practice.

Each person had been assessed for any risks presented by the environment or their daily activity. These risks and the actions staff needed to take were clearly recorded in people's files. The staff said they understood the actions they needed to take to minimise these risks.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support, for example GP's, dentists and

opticians. We looked at people's records and found they had received support from healthcare professionals when required. We also saw people were able to meet with more specialised healthcare professionals according to their needs such as speech and language therapists and physiotherapists. Care documentation contained information about past appointments and any action taken as a result. Where it had been identified as necessary, regular health screenings were also undertaken.

Training identified as necessary for the service was updated regularly. Staff also had training specific to people's needs such as epilepsy awareness. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively.

Staff told us they felt well supported by the registered manager and received supervision and annual appraisals from the manager and nursing staff. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. Staff were able to ask for additional supervision at any time.

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw people choosing what they wanted to eat and people ate at the times they preferred. We saw there was a good choice of food available in the service. People we spoke with told us the food was very good. One person said, “I like the meals, we always have something different.” Another person told us, “It is our Christmas party tomorrow we have lots of food.” We saw staff had been shopping on the day of our visit to buy food for the party, they had asked people their choices before shopping and had ensured they had been purchased.

Is the service caring?

Our findings

People we spoke with told us the staff were very good. Relatives we spoke with told us the staff were competent in their roles and understood people's needs.

People who used the service we spoke with said they liked living at Cranworth Close, but were aware they would be moving to supported living when suitable accommodation had been found. Some people were anxious about the changes, but told us the staff at Cranworth Close were very supportive and helped them to understand what was happening and why.

People were supported to maintain family relationships and friendships. People's support plans included information about those who were important to them. The Christmas party that was organised was for the people who used the service and their friends and relatives. Relatives we spoke with told us the staff encouraged and supported regular contact with family and friends.

We spent time in the communal areas with people who used the service and staff from conversations we heard it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together it was very inclusive.

People were supported to access the community and activities. People accessed the community with support from staff. People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it. People had also had holidays, however, no one had had a holiday this year due to the changes and people moving on to supported living. People told us about their holidays they had been on with their friends who also used the service and how they enjoyed going away.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked people they were supporting before they did anything to assist with care needs. We also saw staff respected people's decisions. We saw staff always wait for an answer and respected people's decisions.

We looked at people's care plans and found where they were able they were involved in developing the plans. Information in the plans also told staff about people's likes, dislikes, choices and preferences. We found that staff spoke to people with understanding, warmth and respect.

People's bedrooms were highly individualised and decorated to reflect their personal tastes, interests and hobbies. The staff told us they worked to maintain a 'homely' atmosphere.

Is the service responsive?

Our findings

The people who used the service and their relatives told us the staff were good and provided support that met people's needs. We also observed staff respond to people's needs. Staff we spoke with understood their needs and explained to us how they met them. Staff were also able to explain to us how each person responded differently and this required different approaches and methods, this evidenced staff were responsive to individual's needs.

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. The plans had been written with the involvement of the person, where they wanted to be involved and where appropriate, their close relatives.

People's support plans we looked at also contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities in the home and in the community.

We saw that when people were at risk, health care professional advice was obtained and the relevant advice obtained. Health care professionals we spoke with told us the staff were very knowledgeable on how to meet and respond to people's needs.

The registered manager told us there was a comprehensive complaints policy, which was also in an easy read version; this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. We looked at concerns that had been raised and saw the registered manager took all issues seriously, no matter how minor. There were outcomes documented and letters were always written to the person who raised the issue. These detailed the outcome and what to do if they were not satisfied. People we spoke with did not raise any concerns regarding the service and told us if they had any they would speak to staff or the registered manager.

The staff team worked well together and information was shared amongst them effectively. Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. We were also told regular meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well.

All staff we spoke with told us they received regular supervision and support. They told us they had been supported by the registered manager during the changes. One staff member said, "It has been a difficult time for the people living here and the staff as some still don't know if they have jobs, but the manager has been really supportive to everyone."

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the regional manager. The reports included any actions required and these were checked each month to determine progress.

The registered manager told us staff completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received.

There were regular staff and resident meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings. The minutes documented actions required, these were logged as actions to determine who was responsible to follow up the actions and resolve.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Health care professionals we spoke with also told us the service was well managed. They said, "The manager and staff were committed to ensure the service is run for the people who live there." Relatives we spoke with told us although the staff had a difficult time with the service eventually closing, they were still committed to ensure people who lived at Cranworth Close still had a good quality of life.