

Overzest Ltd

# Cranbrook House

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC) on 10 March 2017. The inspection took place on 16 April 2018 and was announced. This service provides care and support to people living in two supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection one person lived at one of the supported living settings and three people lived at the other.

The service is registered to support people with learning disabilities and on the autistic spectrum. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of inspection the service did not have a registered manager in place. There was a manager who had made an application to register with CQC and was going through the application process when we visited. 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.

We have made two recommendations. One was because the provider had not established robust systems for monitoring the quality of care and support provided. We also made one recommendation about induction training for new staff.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. The service had appropriate safeguarding procedures. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed in a safe manner.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals. We have made a recommendation that new staff undertake the Care Certificate, which is a training programme designed specifically for staff that are new to working in the care sector.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service.

## 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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were produced which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were established.

Medicines were managed in a safe way and the service had taken steps to ensure the premises were clean with a reduced risk of the spread of infection.

Good 

### Is the service effective?

The service was effective. People's needs were assessed before the provision of care to them.

Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

The service operated within the principles of the Mental Capacity Act 2005 and people were able to make choices about their care.

People were able to choose what they ate and drank and people told us they were supported to cook themselves to help develop their independent living skills.

People were supported to access relevant health care professionals if required.

Good 

### Is the service caring?

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

The service met people's needs in relation to equality and

Good 

diversity issues.

### **Is the service responsive?**

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

People were supported to engage in various activities in the home and community.

The service had an appropriate complaints procedure in place and people knew how to make a complaint.

**Good** ●

### **Is the service well-led?**

The service was not well-led. The service did not follow its own policy on quality assurance and robust quality assurance systems were not in place.

People and staff spoke positively about the acting manager, who was in the process of applying for registration with the Care Quality Commission at the time of inspection.

**Requires Improvement** ●

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## Detailed findings

### Background to this inspection

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

This inspection took place on the 16 April 2018 and was announced. The provider was given 48 hours' notice because the location provides a supported living service managed at an office separate from the supported living schemes and we needed to be sure that someone would be in. We spent part of the inspection at the location's office and part of it at one of the two supported living schemes run by the provider. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and any notifications of significant events they had sent us. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with two people who used the service and one relative. We spoke with four staff; a director, the acting manager, a team leader and a support worker. We reviewed two sets of records relating to people including care plans, risk assessments, medicine records and details of medical appointments. We sampled various policies and procedures including those related to safeguarding adults, complaints and quality assurance. We checked the quality assurance systems used by the service. We read minutes of staff and service user meetings and checked staff recruitment, training and supervision records.

## Is the service safe?

### Our findings

Systems were in place to help protect people from abuse. The service had a safeguarding adult's procedure which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). There was also a whistleblowing policy which made clear staff had the right to whistle blow to outside agencies if appropriate. Where there had been safeguarding allegations these had been dealt with in line with the procedure. Staff and the acting manager were aware of their responsibilities to report abuse. The acting manager told us, "I would record it and then alert the other agencies like the safeguarding team. If a crime has been committed I will call the police and then send a notification to the CQC." A member of staff said, "First of all I inform the manager. I know that after that we have to inform CQC and the social worker."

The service held money on behalf of people with their consent to support them with budgeting. Records were kept of monies held. We checked the records and the amounts held and found they tallied. The service also spent money on behalf of one person who lacked the capacity to manage their own money. Their relative told us, "Everything that they buy we get the receipt and we check it." This meant steps had been taken to reduce the risk of financial abuse occurring.

Risk assessments were in place which included information about the risks people faced and how to mitigate those risks. There were personalised around the risks of individuals. Assessments covered risks associated with finances, self-neglect and self-harm, medicines, personal care and accessing the community.

Where people exhibited behaviours that challenged the service guidance was in place about how to support people with this. Staff told us with one person on occasions they sometimes required the use of physical intervention by staff to promote the health and safety of the person and others. Where staff provided this support they had received training about the safe and effective use of physical intervention. We saw that people worked with appropriate professionals where appropriate to help support them with behaviours that challenged the service.

Staffing levels for people were determined by the local authority with responsibility for commissioning their care and was based on their assessment of the person's needs. People told us staffing levels were sufficient to provide the support they required. One person said, "There is always someone I can talk to." Staff told us they had enough time to carry out their duties.

The service had robust staff recruitment practices in place. Records showed the service carried out checks on staff before they commenced working at the service. These included criminal records checks, employment references, proof of identification and a record of the staff's previous employment history. Staff confirmed that checks had been carried out on them. One staff member said, "They did the DBS check, I gave them my references." (DBS stands for Disclosure and Barring Service and is a check carried out to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults). This meant the service sought to recruit staff that were suitable.

Where able to do so, people were supported to manage their own medicines. Risk assessments were in place covering this and staff checked to make sure medicines had been taken. One person said, "The staff prompt me to take them [medicines] every night and every morning in case I don't take them." Another person said, "I look after my medicines but the staff always count it to make sure I have taken it."

Where staff supported people to take medicines they completed medicine administration record charts which included the name, strength, dose and time of each medicine to be administered. Staff signed these after each medicine was given and medicine records were checked and audited by the acting manager each week. We checked medicine records and found them to be completed accurately and to be up to date.

Staff were expected to support people to keep their homes clean. We visited one of the supported living schemes which was clean and tidy. Cleaning schedules were in place which detailed when staff were to carry out particular cleaning tasks. To help prevent the spread of infection staff told us they wore protective clothing including aprons and gloves when providing support with personal care. We saw there was a ready supply of these items available to staff.

The service maintained records of accidents and incidents. These were reviewed by the acting manager in order to seek ways to reduce the risk of further similar incidents occurring. For example, one person exhibited a particular behaviour that put themselves at risk and strategies were implemented to seek to manage this. The acting manager told us there were incidents of conflict between two people using the service. This was reviewed with the two people and one of the people told us this had helped to resolve the situation. They said, "If we have a bit of bother we have a meeting and sort it out before it gets too far."



## Is the service effective?

### Our findings

People told us staff provided effective support. One person said, "They are there for you when you need them." A relative told us, "There has been a lot of improvement in [person] since they started using the service."

After receiving an initial referral the service carried out an assessment of the person's needs to determine what those needs were and if they could be effectively met by the service. The acting manager told us there had not been any new people who started using the service since they became the manager. However, they explained the assessment process they would follow, which included speaking with people and their relatives and looking at their needs holistically, including in relation to equality and diversity issues. Records confirmed assessments had been carried out prior to the provision of care.

Staff were supported to develop knowledge and skills to support them in their roles. New staff undertook an induction programme. This included completing various training courses and shadowing experienced staff as they went about their duties. The acting manager told us, "When new staff come in they shadow for one or two weeks." Staff confirmed this was the case. This gave new staff the opportunity to learn how to support individuals. However, the acting manager told us that the service did not use the Care Certificate as part of its induction for new staff. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector and we recommend the service implements its use to help develop the skills and knowledge of new staff.

Records showed staff had access to on-going training including training about infection control, the Mental Capacity Act 2005, self-harm, safeguarding, health and safety and diabetes. A staff member told us, "We had one [training course] not long ago on first aid." They added that they had also undertaken training about safeguarding adults, medicines and health and safety.

Staff had individual one to one meetings with their manager. This gave them the opportunity to discuss issues of importance to them. A staff member said of their supervision they talked, "About the service, how could we improve ourselves, how we go about the daily routine and how we support the service users on a day to day basis." Records of supervision showed it included discussions about service user issues, health and safety and personal development.

People told us they were supported by staff to develop cooking skills. One person said, "They teach us to cook. I decide what I eat." This meant people's independence was promoted. People were also able to choose what they ate and drank. One person said, "I sort of buy my own food, what I fancy, I keep to my budget, what I can afford." Records were kept of food people ate which showed they were able to eat a healthy and balanced diet with foodstuffs that reflected their cultural heritage.

People told us they were supported to access health professionals. One person said, "Staff phone up for me and then come with me any time I have an appointment." Another person told us, "They help sort out stuff like that (medical appointments)." Records confirmed that people saw health professionals including GP's

dentists, opticians and learning disability specialists.

The service worked closely with the local authorities who commissioned care from them. We saw where people had complex needs the service had regular contact with the commissioning local authority about how to best support the person. The service also worked with the regulator of care services in England and notified them of any significant events in line with their legal responsibilities.

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.

The acting manager told us one person who used the service lacked capacity. The person's relative told us they were the appointee for the person and made decisions on their behalf. They said, "If it's an important decision they come to us and we make the decisions, like doctor decisions. My wife is the appointee for [person]." Other people were able to make decisions about their daily lives, for example one person said, "I can do that (choose their own clothes to buy and wear)."

## Is the service caring?

### Our findings

People told us they were treated with respect and in a caring manner by staff. One person said, "The staff are polite, kind and nice." Another person described staff as, "Quite helpful and friendly." The same person replied, "Yeah, definitely" when asked if staff treated them with respect. A relative told us, "They [staff] are very friendly with [person]."

Care plans recorded that people had a preference for staff that were of the same gender as them. All of the current people using the service were women and the service only employed female care staff at the time of inspection. This meant people's preferences were respected.

Staff told us how they respected people's privacy. For example, one member of staff said, "You need to make sure you respect their privacy. I don't just go in, I need to knock on the door." They added, "I don't just do things (support with personal care), I have to ask their consent."

People's independence was promoted. People confirmed they were able to do things for themselves. One person said, "Sometimes I need help, sometimes I don't. It's up to me." A staff member said, "[Person] can use a sponge themselves but needs help with brushing their teeth." This indicated staff only provided support where necessary. Care plans included information about promoting people's independence, setting out what people were able to do themselves and what they required support with.

The service sought to meet people's needs around equality and diversity issues. For example, one person required support with food preparation and the service ensured staff were able to cook food the person liked which reflected their ethnic identity. The same person was also supported to dress in traditional clothes on a Sunday when staff supported them to attend a place of worship. One person was supported to go to a hairdresser that reflected their culture and was also supported to go to a nightclub that was culturally appropriate. One person had a partner and they were able to visit as and when they wished. The acting manager told us none of the current people using the service identified as LGBT but if they were they would be supported around this if required.

We found confidential records were stored securely in either locked cabinets or on password protected computers. Staff were aware of the need for confidentiality. One staff member said, "You have to make sure their info is kept confidential, unless someone like social services needs to see it, you would share it with them." This helped to protect people's privacy as only authorised persons were able to access their records.

## Is the service responsive?

### Our findings

People said the service was responsive to their needs. One person told us, "I am happy with everything here."

Care plans were in place for people. These set out goals people wanted to achieve, what support they required, who was responsible for taking action and timescales. They covered personal care, health, communication and activities. They were personalised around the needs of individuals.

The acting manager said, "We update and review our care plans three monthly or more often if things have changed, so it is a continuous assessment." The care plans we looked at had had a review within the past three months, thus confirming what the acting manager told us. A relative told us, "We have a meeting every three months. We voice our views. [Person who used the service] is invited to these meetings." This meant care plans were able to reflect people's needs as they changed over time.

People were supported to take part in various activities including employment and educational activities. The acting manager said of one person, "[Person] is determined to be a make-up artist and we have supported them with this." The service arranged for the person to attend a relevant college course in this area. Another person was supported to do a college course in beauty therapy. Another person attended a day service where they took part in cooking and art sessions. The service supported people with activities in the community including the cinema, bowling and swimming. People were supported to go on an annual holiday which they were able to choose and staff provided support with this. Two people worked in a charity shop on a voluntary basis and staff supported them in finding and applying for their jobs.

People told us they knew who to complain to if they had any concerns. One person said, "I can talk to the staff about things." A relative told us there had been concerns with some staff in the past and the service had taken action to remove them from working with the person. This showed the service was responsive to concerns raised.

The service had a complaints procedure in place which included timescales for responding to complaints received. Although the policy was clear that people could complain to an outside agency if they were not satisfied with the response from the service, it did not provide contact details of the most appropriate agencies for this. We discussed this with the acting manager who told us they would amend the policy accordingly. Where the service had received complaints, records were maintained which showed they had been dealt with in line with the policy. We saw the policy was on display in the supported living service we visited which helped to make it accessible to people.

At the time of inspection all people using the service were younger adults who enjoyed good physical health. The acting manager told us no one required end of life care.

## Is the service well-led?

### Our findings

The service had not established systems to assess, monitor and improve the quality and safety of the service provided. The service has been registered with the Care Quality Commission since March 2017 and both of its supported living services have been operational since then. The service had a 'Quality Assurance' policy in place. This stated, "At least four Quality audits (one per quarter) implemented through unannounced Central Quality Audit visits and this will be conducted at every address in The Overzest Partnership Portfolio of services. In addition, at least two Health and Safety audits (one every 6 months) implemented through announced Health and Safety Audit visits and this will be conducted at every address in The Overzest Partnership Portfolio of services."

The service had not operated systems in line with its own procedure. Although the procedure stated quality audits were to be carried out at all of its supported living services, we found one address had not been subject to any such audits since registration and the other had only one such audit, carried out in January 2018. In addition, we found neither address had been subject to a health and safety audit that was referred to in the policy.

The acting manager and the owner of the business both told us the service was not a member of any wider organisation or affiliated to any related trade agencies. They also said no one from the service attended the provider's forum run by the local authority. Further, the acting manager told us the service did not carry out any surveys of relevant stakeholders. The lack of robust quality assurance and monitoring systems potentially put people at risk. This was because the service might not be able to identify if poor or unsafe care was being provided. We recommend that the service implements robust and effective quality assurance and monitoring systems to routinely monitor the quality and safety of care and support provided to people.

The acting manager told us they did a lot of liaison work with the neighbours of one person who had behaviours that challenged the service which had helped to foster good relations and help the neighbours understand the situation. This meant the service had been proactive in seeking to work with the local community which helped people feel at ease and valued within the community.

At the time of inspection the service did not have a registered manager in place. There was an acting manager who told us they had made an application with the Care Quality Commission for registration as manager and had a date for an interview in the near future. Staff and people who used the service spoke positively of the acting manager. One person said the acting manager was, "Friendly, nice." Another person said, "[Acting manager] was a good carer and now they are a good manager." A relative told us, "[Person] is very close to [acting manager], they like them a lot." The same relative also said, "[Acting manager] always takes time to react if anything happens. We can call them and if they can't take the call they always call back quickly or come down to see us." A member of staff said, "[Acting manager] is good, they are professional." Another staff member said, "So far so good with [acting manager]. I used to work with them before they were the manager and I had a good rapport, it is easy to communicate with them." The same staff member also told us there was a good working atmosphere at the service. They said, "Oh yeah, my team in Chingford, we definitely have good teamwork."

Staff told us and records confirmed that regular staff meetings were held. A staff member said, "We usually have one every month. We start off with any concerns the staff have, the service users, if there is any issues with their health care." Minutes of staff meetings showed they included discussions about record keeping, the regulator, safeguarding and issues relating to people who used the service. Service user meetings were also held. One person said, "We do sometimes, yeah [have meetings]." Minutes of these meetings showed they included discussions about activities, relationships between people and household tasks to be undertaken.