Caring Homes Healthcare Group Limited

Cranmer 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

Cranmer Court provides residential and nursing care home for a maximum of 62 people with physical health needs. Two of these people were receiving rehabilitative support from external community staff in partnership with the homes staff. The main focus of the home is providing palliative and end of life care. The home uses the Gold Standards Framework (GSF) in End of Life Care to ensure people receive high quality care at the end of their lives.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People felt safe Their care records contained up to date risk assessments to keep them safe and retain their independence. People were protected against the risks of potential abuse because the provider followed safe recruitment practices and staff knew how to safeguard people. People were supported by sufficient staff to meet their individual needs and medicines were administered safely. The service had a business continuity plan, and people had Personal Emergency Evacuation Plans (PEEPsso that if needed they could be safely supported to evacuate the home.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). 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 received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People's nutrition and hydration needs and preferences were met, and people's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Staff were caring and knew people well. People were encouraged to be independent. Staff promoted people's privacy and dignity, and people and their relatives were able to have a say in the running of the home.

Care plans were detailed and contained information on people's lifestyles and preferences. They included details on people's routines and what support people liked to receive. People's needs were assessed and their care regularly reviewed. People had access to a range of activities planned to meet their interests, and were able to choose what activities they took part in. People knew how to complain and had their complaints responded to.

There was a registered manager in place who promoted a positive culture and supported their staff. Staff were involved in the running of the home. Audits were completed frequently, were thorough, and their use made improvements to the service people received. People and those important to them had opportunities

to feedback their views about the home and quality of the service they received.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Cranmer Court

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 was a comprehensive inspection that took place on 13 September 2017 and was unannounced. The inspection team consisted of two inspectors, a nurse specialist and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to see if there were any areas we needed to focus on

As part of our inspection we spoke with eight people, two relatives, seven staff, the clinical lead, the registered manager and the regional manager. We also reviewed a variety of documents which included the care plans for 12 people, six staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I have an alarm and there are always people around. I feel very safe." A second person said, "I have a call bell beside my bed. The carers put it on my lap in my chair once I'm up and dressed so that I have it to hand if I need to use it." A third person said, "I think living in the home is a much safer place than living in my own home. Living here in the home means there are other people around and I have better security."

Care records contained up to date risk assessments to keep people safe and to retain their independence. Risk assessments were in place for mobility, falls, the use of bed rails, oral hygiene, skin integrity, and nutrition and hydration. Risks to people were managed and staff followed guidance in relation to risk by offering care to people that met their needs and reduced the risk of harm. For example, one person living with Parkinson's had a care plan that stated, 'Can walk a few steps unaided, but uses wheelchair for long distances'. We saw that when the person came from their room into the lounge they came in a wheelchair, but between the dining room and lounge they walked using a Zimmer frame. Staff were aware of them and prompting and encouraging them as they walked.

The provider had followed safe recruitment practices to ensure new staff were suitable to work with the people. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. There was an up-to-date record of nurse's professional registration. Records seen confirmed that staff members were entitled to work in the UK.

People were protected against the risks of potential abuse. Staff understood safeguarding adults' procedures and what to do if they suspected any type of abuse. Staff members told us they would not hesitate to report any bad practice they witnessed or suspected, and they would report it to the manager straight away. One staff member said, "I would report abuse immediately. I would go to [Name of registered manager]." A second staff member said, "I would report it and I would have no worries in doing that. We have a whistleblowing number we can use too and I could approach [name of registered manager]." A safeguarding policy and whistleblowing policy were available to staff. The whistleblowing policy was also displayed on the homes walls for everyone to see. Staff had received safeguarding training and referrals had been made appropriately.

People were supported by sufficient numbers of staff to meet their individual needs. A person said, "There are masses of them." One staff member said, "Staff are busy, the morning is busier but during the afternoon we can interact with people more." They added, "I like the time during personal care as we can spend time one to one with people." A second staff member said, "I would like a bit more time (to interact with people) but we get everyone up on time. Those who are mobile we ensure we get them up for breakfast – we are carers after all. I would hate it if my parents were left to eat their breakfast in bed." We observed people's needs were met in good time and staff were not rushed. Staff were able to sit with people and engage with them. The home used a dependency tool to calculate the staffing needed. On the day of the inspection the

staffing available exceeded that calculated.

Medicines were administered safely and on time. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines, and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines from the pharmacist. Regular medicines audits were completed to ensure safe systems were being followed.

The provider had developed plans to help ensure that people's care would not be interrupted in the event of an emergency such as loss of accommodation, fire, loss of electricity supply, flood, or lift breakdown. The service had a business continuity plan and an emergency box which included peoples Personal Emergency Evacuation Plans (PEEPs). These provided staff with the knowledge they needed to safely support each person in the event of a fire and how they should be helped to evacuate the home.

Good

Is the service effective?

Our findings

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). The 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 had their mental capacity assessed for going out, receiving care, the use of bed rails and administration of medicines. Where the MCA assessment identified that the person lacked capacity to make the decision a best interest decision was made, and the least restrictive option was chosen. Relatives were involved in these decisions. Records demonstrated that people were making decisions about the care they received.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made a number of DoLS applications for people who were unable to go out on their own safely. They kept a record of these so that people were only restricted in accordance with the submitted DoLS.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One person said, "The staff are well trained and they are good at what they do." One staff member said, "We (the activity staff) are all trained in chair based exercise," and, "I did a dementia awareness course as part of my induction We do lots of training. The manager lets us know when it's due." A second staff member said, "I had induction and shadowing. I had to do my moving and handling training before working alone." Training records confirmed staff were receiving training to meet the needs of people. Nursing staff had received training in medicines management, catheterisation, venepuncture, syringe drivers, and verification of death.

Staff told us they received regular one to one meetings (called supervision) and appraisal. Records confirmed this. Registered nurses received clinical supervision from the clinical lead to keep them up to date with current best practice, and enable them to keep their registration with the Nursing and Midwifery Council.

People's nutrition and hydration needs and preferences were met. One person said, "Friday is fish, I don't like fish so I don't choose it. They usually give me something else." A second person said, "You don't go hungry here." A third person said, "The food is good and they provide a good selection." A relative in the 2017 survey said, 'The food on offer is outstanding and one would wish to dine at Cranmer as if a restaurant." We observed people being given a choice of food and drinks, being able to eat in their preferred place and being offered support to eat. People who had little appetite were gently encouraged to eat. People who required it were provided with appropriate support. Mid-morning people were offered miniature sandwiches with savoury crisps and dips along with a selection of fresh fruit. Everyone in their rooms had drinks to hand. A staff member said, "We have some residents who have difficulties swallowing or are in bed,

we are aware of this, and will take them drink and food throughout the day.''

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP, tissue viability nurse, community mental health team, or other health care professionals. One person said, "I see the doctor regularly and I'm able to see the optician as and when required." One relative said, "My mother has seen a doctor at the home and she had an appointment with the optician. She also sees a nurse regularly." Records demonstrated this. For example, we saw recorded that one person had a temperature so the nursing staff immediately contacted the GP who visited and prescribed some anti-biotics for an infection.

Good

Is the service caring?

Our findings

Staff were caring. One person said, "They are my friends, I'm much older than most of them, they are like my children, they look after me well." A second person said, "All of the staff are caring both night and day, I think they do a good job personally." A compliment sent by a relative in 2017 said, 'Carers were kind and thoughtful.'

We observed positive caring interactions. We heard people being asked how they were and were they comfortable. One person who was upset after lunch we saw speaking with the nurse in the nurse's station. Another person said they had backache so the staff member fetched another colleague and they helped the person into a wheelchair and back to their room. We saw two staff supporting a person to walk back to the lounge after lunch. One staff member then sat with them on the settee and gave the person a cuddle and kiss. They were chatting to them the whole time.

Staff knew people well. One person said, "Most of the staff know me well and they are very friendly." A second person said, "The staff know me very well and this makes me happy." Staff told us they got to know people by speaking with the person, their family and other carers.

People were encouraged to be independent. A person said, "I self-medicate. The nurse will still assist me if I need her to." A person in a compliment received in 2017 said, 'You have enabled me to go home fully confident that I can now manage on my own.' A relative in a compliment said, 'The staff excelled in taking my father from a frail vulnerable man to gaining strength in body and mind. My father has returned to a happy independent life.' Peoples care plans clearly stated what people were able to do and how they should be supported to be independent.

People and their relatives were actively involved in making decisions about their care. One person said, "I am always asked my opinion." A second person said, "The carers always gave me a choice of when to get up and get dressed. They ask me if I'm ready and then they say I'll come back in a minute if I'm not ready." A third person said, "I can make decisions for myself. I tell the carers when I would like to go to bed and let them know where I would like to eat my lunch and dinner." A relative said, "I attended a review meeting. I feel very much included in the decisions being made."

Staff promoted people's privacy and dignity. One person said, "All the staff knock on the door before entering." A second person said, "Even if the door is open they still knock and ask if they can come in." One relative said, "All staff members knock on the door before entering and they seem to care for mum in a dignified way." During the inspection we observed staff knocking on doors and waiting for a response before entering. We also observed nursing staff discreetly giving medicines to people.

Relatives of people who had recently died found the home was caring. In a recent survey one relative said, 'All the staff were most kind.' A second relative said, 'I was well aware of the care and compassion shown to [name of person}.' A relative in a compliments said, 'When we thought our hearts were broken you treated us with compassion and grace.' The registered manager told us that each year the home held a memorial

afternoon and service which relatives and friends were invited to.

Relatives and friends were able to visit the home at any time. Visitors were made welcome. One relative in a compliment received in 2017 said, 'I visited every day, but was never made to feel a nuisance accessing them to discuss what was happening.' We saw a number of relatives visit during the day. They were greeted and offered drinks. One relative who was visiting their family member who had not long moved in was asking a staff member several questions. The staff member spent time reassuring the relative and on several occasions said, "All you need to do is ask and we will help in any way we can – that's what we are here for."

Good

Is the service responsive?

Our findings

Care plans were detailed and contained information on people's lifestyles and preferences. They included details on who they would like to support them, their daily routines, what they liked to be called and what support they liked to receive. One staff members said, "I know what people's needs are because I read the plans and I am also given a good handover." Pre-assessments were completed. People's needs were regularly assessed and the care they received regularly reviewed. Relatives were invited to and attended reviews.

People received the care needed to meet their needs. For example, we observed a culture of diligent skin care as routine. People's care was planned, the care received was recorded, and progress with recovery was recorded. People were re-positioned as planned. Records kept enabled the GP and the tissue viability nurse to screen wound healing and evaluate the care required. A visiting professional in the 2017 survey said, 'Staff are always responsive and friendly.'

People were able to choose what activities they took part in. There was a range of group and one to one activities available in the home which included chair based exercises, memory games, manicures, dominoes, music, cooking, gardening, and painting and drawing. Two volunteers facilitated a choir which gave regular shows to relatives. One person said, "I like reading books. The manager bought some of her own books in so that I could read them. I appreciated that." A second person said, "I enjoy doing 'knit and natter'. This is an activity where we talk about a famous person. I also do a variety of other activities such as handy crafts, singing and old musical stuff. If I choose to stay in my room the staff come and spend some time talking to me. I enjoy talking especially about my family." On the day of the inspection we saw people doing chair based exercises and Quoits being played in the lounge. People were encouraged to join in, were cheered and praised. People celebrated their birthdays. On the day of the inspection we saw one person's birthday being celebrated. Trips to the library, garden centre and places of interest also took place. The home had the use of a mini-bus. There were also complimentary therapies available on request.

People had their spiritual needs met. Regular Communion was held in the home and a local vicar held Communion on the day of our inspection. We saw that ten people attended this. The homes service user guide says the home can also arrange visits by ministers of all denominations.

People knew how to complain. One person said, "If I was not happy with something I would let one of the staff know and they would tell my family." A second person said, "I would speak to any of the staff or my family." The complaints procedure was available to people and visitors. There had been three complaints in the last year. All had been responded to in accordance with the provider's policy. Staff members told us they knew how complaints were dealt with. One staff member said, "If someone complained I would sit and speak to them first to see if I could help and if not then take them to the nurse, [Name of clinical lead] or [Name of registered manager]." A second staff member said, "There are procedures to follow if there are complaints and we always look into them." A copy of the complaints procedure was available in each person's bedroom.

Good

Is the service well-led?

Our findings

There was 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.

People and their relatives were empowered to contribute to improve the service. Regular residents and relatives meetings took place. Items discussed in recent meetings included activities, staff changes, changes to the environment, house-keeping and food. The latest meetings were held in July 2017. Residents in their meeting had complained about salt and pepper pots not being filled. We saw that this had been dealt with. One person said, "I can express myself. I often attend the residents meeting." A second person said, "At the meeting everyone is given the opportunity to talk about things they are unhappy about. The chef also comes so everyone has the opportunity to make suggestions if they want."

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Surveys were sent out annually. The head office compiled and analysed the results. The 2017 survey had just been received. The results were positive and no major concerns were raised. The home also sent relatives and friends surveys about their end of life care.

The quality of care and support given to people was regularly reviewed. Audits were completed frequently and were thorough. They included medicines, accidents and incidents, safeguarding, wound management, and infections. The home was using a clinical management tool which identified trends in a number of areas including falls. The regional manager completed a monthly comprehensive audit which looked at whether the service was safe, effective and well led. Environmental audits of the kitchen, laundry and home, and infection control audits were also regularly completed. All actions from audits were recorded on a management system where the registered manager and clinical lead had to record outcomes. Records demonstrated that actions were being completed.

Staff were involved in the running of the home. Regular meetings took place where staff received important messages and shared good practice. A staff member said, "We have a big discussion about things." The manager met with the heads of departments and the chef on a daily basis, and regularly with nurses, day care staff and night care staff. Records demonstrated staff discussed the importance of oral care, team work, outcomes of audits, the use of equipment, room checks, and call bells being within reach.

Staff told us they felt supported by the management. One staff member said, "[Name of manager] is very approachable and supportive." A second staff member said, "It's very family orientated here. I feel comfortable asking for anything. [Name of registered manager] is fair, very nice and approachable." The manager attended staff handovers on a daily basis and produced handover notes for all staff. A staff member said, "We get a huge amount of information in the morning during handover. It is really good." The provider published a weekly staff newsletter. The latest copy had items on best practice and learning. A monthly 'Caring Stars' (employee of the month) award was given to staff members nominated by people,

relatives and staff. A free counselling service (telephone and face to face) was also available to staff.

People, their relatives, staff and professionals felt the home was well led. One person said, "The lady who runs the home is very nice, she trained at Kings College Hospital. I think she's really good." Another person said, "I think the standards are very high." A visiting professional in the 2017 survey said, 'Manager, [Name of registered manager] excellent leadership to her team.' Another visiting professional said, 'The home manager is very approachable and engaging to our staff and our patients.'