

WT UK Opco 4 Limited

Cranford Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cranford Grange is a residential care home providing personal and nursing care to 90 people at the time of the inspection. The service can support up to 108 people.

People's experience of using this service and what we found

Most people and their relatives were positive about the care and support provided at Cranford Grange. During the inspection we saw sufficient staff on duty, however, feedback varied in relation to staffing levels. People told us, at times they were kept waiting for assistance. We have made a recommendation to the provider about this. Several new staff had been recruited, and staff were recruited safely. Overall, people felt safe and appropriate systems were in place to protect people from avoidable harm and abuse. Medicines were safely managed.

Staff managed the safety of the environment and equipment through checks and actions to minimise risk. The home was clean and infection prevention and control measures were in place.

People were supported by staff who received appropriate training and supervision. Systems were in place to ensure staff understood people's dietary needs, including those requiring specialist or modified diets. Work had been undertaken to seek people's feedback about the food and dining experience and changes had been made in response. The service worked in collaboration with other health and social care professionals to ensure people's health and social care needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were various areas in the large building where people could socialise including the dining room and bistro area. The provider had a planned refurbishment programme in progress.

Staff were kind and caring, however in one example a person was not treated in line with the provider's values, the registered manager addressed this straight away. Feedback indicated staff respected people's dignity and privacy. People were supported to take part in decisions about their care and the running of the service. 2 people living at the home had the role of resident ambassador.

Overall, people told us they received the support they needed, and staff understood their needs and preferences. Staff had access to people's electronic care plans, which contained person-centred information about their needs and were mostly kept up to date. The management team planned to focus more effectively on including relatives where appropriate within care planning and review meetings. People were supported to take part in numerous activities, entertainment and were able to maintain relationships with those important to them. There was an activities team, who involved people in the organisation of activities.

The provider had effective governance systems in place to monitor the quality of the service. Any issues

identified within the inspection had in the main already been identified through the provider's own oversight. The service worked in partnership with others. The provider and management team look action to learn lessons from complaints and were focused on making continual improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 December 2021, and this is the first inspection. The last rating for the service under the previous provider was good, published on 6 February 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations about staffing levels.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cranford Grange

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

Cranford Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cranford Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people and 6 relatives of people who used the service about their experience of the care provided. We spoke with 16 members of staff including the registered manager, care staff, nurses, housekeeping, and maintenance staff. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- During the inspection we saw sufficient staff on duty, however, feedback varied in relation to staffing levels. Staff told us they were usually able to respond to people's needs in a timely way.
- The registered manager said staffing levels were kept under review using the provider's staffing tool to ensure staffing was appropriate. Nursing staff levels were due to be increased.
- Managers undertook an analysis of call bell response times to identify any delays and had made some recent changes to support staff to answer call bells more promptly. However, feedback indicated people were kept waiting at times.
- People told us, "Today is a long wait, it's not always a long wait"; "The staff are very good although I must say they are very short on staff recently and there has been lots of new ones" and "I do feel safe, but I do wait a long time." A relative commented, "Well (name) can be waiting quite a while for them to help her to go to the toilet which isn't good, the carers are great and there's no criticism of the staff but there could just be more of them."

We recommend that the provider reviews their staffing arrangements, in line with people's feedback.

- The provider was actively recruiting new staff and staff were in the recruitment pipeline. This meant the service was less reliant on the use of agency staff and there was a stable staff team.
- Staff were recruited safely. Checks had been completed before staff started their employment at the home. These included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff had received training in safeguarding adults. They understood their responsibility to report any concerns.
- Overall, safeguarding concerns had been escalated appropriately and action taken to keep people safe when required. However, we found an example where a concern had been identified and dealt with internally, but in the registered manager's absence had not been reported through usual procedures. The registered manager took action to review and report this retrospectively.
- During the inspection we spoke with a person who gave some feedback which needed further investigation and we asked the registered manager to report this under safeguarding procedures. The registered manager made enquiries to ensure that if any further action was needed, this would be acted

upon.

- People told us they felt safe living at the home. One person commented, "Yes of course [I feel safe], I can speak to anyone, and they will help."

Assessing risk, safety monitoring and management

- Overall, risks were assessed and managed as safely as possible.
- Risk assessments identified when people were at risk and guided staff on the actions to take to mitigate the risks. For example, sensor equipment was used where people were at risk of falling. Staff spoken with were knowledgeable about the action they should take. Managers reviewed identified risks on a regular basis.
- In one case, staff had considered risks in partnership with others relating to a person's risk of choking. However, the risk assessment and care plan in place, did not clearly reflect the complexity of the current position and actions being taken. We highlighted this to the registered manager and this was addressed.
- Staff managed the safety of the environment and equipment through checks and actions to minimise risk. A fire risk assessment, personal emergency evacuation plans, and regular safety checks were undertaken on equipment.

Using medicines safely

- Medicines were managed safely. Systems were in place to ensure people received their medicines as prescribed.
- People were supported by staff who were trained, and their competency had been assessed to administer medicines.
- There were suitable arrangements for storage, recording and disposal of medicines. This included those needing extra security, and cold storage. The service was working in partnership with the GP practice and pharmacy to ensure all medicines were received by the home in a timely way.
- Staff recorded the date of opening on creams and ointments so they knew when they would expire, however we saw a couple of examples where the dates had not been recorded. The registered manager strengthened monitoring processes in response.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. We saw numerous visitors throughout the inspection, visitors were able to spend time with people in their bedroom suites, or in communal areas such as the bistro.

Learning lessons when things go wrong

- The management team looked to ensure lessons were learnt when things went wrong. They regularly analysed incidents and accidents and took action to minimise risks to people and to support staff around their practice where needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed on admission to the home. This information was used to help develop people's care plans.
- Care and support was delivered in line with legislation and best practice, and we saw that nationally recognised risk assessment tools were in place.
- "Resident of the day" reviews had been introduced and being carried out. However, work was in progress to ensure staff always included relatives' views where appropriate, as part of these reviews.

Staff support: induction, training, skills and experience

- People were supported by staff who received appropriate training and supervision.
- New staff completed a robust induction to their role, including shadowing and training. Staff were required to complete The Care Certificate. The Care Certificate provides a framework to ensure that all support workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care.
- The provider had introduced new training around learning disability and autism, which is a national requirement.
- Staff received regular supervision meetings and told us they felt able to approach the management team for guidance and support. Information was shared through various staff meetings including daily handover meetings.

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

- People's nutritional needs were met. Systems were in place to ensure staff understood people's dietary needs, including those requiring specialist or modified diets. Staff monitored people's weights and used assessment tools to determine the level of risk and support required.
- We observed staff providing appropriate and sensitive support to people who required assistance with their meals.
- Menus were on display with various food and drink option available, including alcohol. Coffee machines and fridges with drinks and snacks including fruit, were readily available.
- Overall, people were positive about the food available. One person commented, "We always get a choice for what we eat" However, one person felt the food wasn't always to their liking.
- Following a resident survey, a further questionnaire had been carried out focusing on the dining experience and some changes were made in response. An afternoon tea/social had also been introduced.

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

- The service worked in collaboration with other health and social care professionals to ensure people's health and social care needs were met. Staff worked closely with the local GP practice, who visited the home on a weekly basis.
- Feedback from a health care professional indicated staff were organised and caring.
- Records demonstrate referrals had been made to specialists such as Speech and Language Therapists, physiotherapists and tissue viability nurses where necessary.
- The management team reviewed people's health needs on a regular basis. They had recruited staff with various backgrounds to further add to the skill mix, such as mental health nurses and a dementia champion.

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

- The provider had a planned refurbishment programme in progress. The aim was to improve aspects, such as signage more suitable for people living with dementia.
- Bedrooms suites, which included kitchenettes were nicely decorated and personalised. People were able to fetch furniture from home should they choose. People were consulted with in relation to the redecoration of the building.
- Memory boxes had been placed at the entrance of bedrooms, containing individual items presenting an overview of the person and their interests.
- There were various communal spaces for people to use and socialise including a bistro area and cinema room. There was also a hairdresser's room and nail bar which people were using during our visit. One person told us, "It's a nice building you can get your nails done I never used to have them done before and you can go to the hairdressers."

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Overall, where required, capacity assessments and best interest decisions had been recorded including for example decisions where movement sensors were put in place.
- Staff had received training about MCA and DoLS and in general understood the principles of the MCA and how to promote choice and consent. However, in one case, relating a person's decision around risk management, records did not demonstrate the MCA had been robustly followed around whether a best interest meeting was appropriate. We raised this with the registered manager who confirmed that

appropriate action was in progress.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Overall people were positive about the way they were treated and supported. Comments included, "I feel it's like home"; "The staff are super" and "This is the best place if you have to leave home, it's a very nice place with all my own furniture and nice surroundings."
- We observed staff supporting people in a kind and caring manner, apart from in one case where a staff member's approach to a person was not in line with the provider's values. We raised this with the registered manager who took appropriate action in response.
- Staff had undertaken training in equality and diversity. Records included information about people's individual and diverse needs. People's cultural and religious needs were considered and respected.
- People were treated as individuals and staff respected their preferred lifestyle choices. Life stories were recorded, which helped staff to understand people's life histories, along with their experiences, likes and preferences.

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

- Resident Ambassadors roles were an important aspect of the home. There were 2 ambassadors who supported people to express their views about the care provision. They also supported people who were new to the service, to help them to settle in.
- People were supported to take part in decisions about their care and the running of the service.
- Residents' committee meetings and forums were held on a regular basis where, where people had the opportunity to discuss their views and feedback. In other examples, people were involved in leading different groups or activities.

Respecting and promoting people's privacy, dignity and independence

- Feedback indicated staff respected people's dignity and privacy. One person said, "They (staff) treat me with respect, and we have a great rapport." A relative commented, "Our relative is very happy here, the cleaners pop in and have chats with her and the level of care is brilliant, and they are very good at following up."
- Staff knew when people needed their space and privacy and respected this. People were able to spend time alone if they wished. Private dining could be arranged for people to share a meal with visitors.
- Where possible, staff supported people to maintain their independence. One person told us they were able to make their visitors hot drinks in their kitchenette facility. We saw another person choose to wash up some pots in the bistro area. A relative commented, "They (staff) are very good at trying to keep her (relative's) independence which is good."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Overall, people told us they received the support they needed, and staff understood their needs and preferences. A person told us they had seen their care plan and said, "I can discuss what is in it."
- However, people described having to wait at times for staff to respond to their needs. We have made a recommendation about this in the safe section of this report.
- Staff had access to people's electronic care plans, which contained person-centred information about their needs and were kept up to date. One staff member commented, "We're here for the residents, so we do what they want." Managers were seeking to further improve the level of person-centred information within the care plans.
- Most relatives were positive about the care and said they were generally kept informed about any changes. The management team told us they planned to involve relatives more effectively including within face-to-face care planning and review meetings, which had been paused due to the COVID- 19 pandemic. This was to ensure people's care was as person- centred as possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the AIS and explained how people were supported to access information in a way they understood.
- Information about people's communication needs were identified with in their care plans. People were supported with vision aids such as magnifiers and had access audiology in relation to any hearing impairment.
- information could be provided in alternative formats should this be required. For example, the activity programmes were available in larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had developed lifestyle and activity care plans which highlighted people's expected outcomes in this area, such as maintaining meaningful relationships with people.
- An activity team supported people to take part in activities, follow their interests and arrange

entertainment. The provider had implemented an activity planning App to help support people's wellbeing.

- A varied programme of entertainment and activities were available. Activities included "Physio-fit" sessions, quizzes, talks, a jazz club, gardening club and pets- as- therapy sessions, amongst others. One to one support was also provided to people, such as hand massages.
- Each person was provided with a daily activity programme and could choose whether they wished to take part. As well as group activities, we saw people chatting, playing board games, or reading the newspaper.
- People were supported to maintain relationships, some people had access to telephones or iPad in their bedrooms. Resident Ambassadors offered support to people to settle in a make new relationships .

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was available to read in the reception area.
- There was a system in place to log any complaints and to investigate and address them.
- People and their relatives told us they felt able to raise any concerns or issues should they need to.

End of life care and support

- People's preferences regarding end-of-life support, including resuscitation, were discussed and recorded in their care plans. One person told us, "The staff have gone into great details about end-of-life care and the staff seem to genuinely care about my wishes."
- Staff worked with the GP and other health professionals to ensure anticipatory medicines were available if a person was deemed to be at the end of their life. This was to address any pain or agitation without delay.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Overall, people and relatives were positive about the care provided and how the service was managed. They told us the registered manager was accessible and responsive. Comments included, "She (the registered manager) will listen and is always open to help" and "I can speak to anyone, and they will all help, I can also speak to the manageress." However, some people said they did not often see the registered manager but said they knew who they could speak to should they need to.
- The management team had introduced some 'meet the team' drop-in sessions and other social events to aid communication.
- The management team promoted person centred care and staff had clear expectations about their roles. Various compliments had been received by the service.
- Staff spoken with were positive about the management of the home and told us they felt supported. They said, "I love working here"; "The teamwork is amazing" and "(The registered manager) has been so supportive."
- The provider understood their duty of candour responsibilities and was open and honest with people. The CQC had been notified about certain events as legally required. However, we saw one incident which CQC had not been fully notified about as required, the registered manager told us this was an oversight and submitted a notification retrospectively.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- Over recent months, the management team had supported the home's transfer over to the current registered provider and had implemented new policies and procedures.
- The provider had effective governance systems in place to monitor the quality of the service. Various staff carried out regular audits and checks. Any issues identified at this inspection had in the main been identified through the provider's own governance systems. There was an action plan in place to make ongoing improvements.
- We noted that records did not always reflect care had been provided in line with care plans relating to people's positional changes This had been identified through management oversight and they had been addressing the timeliness of recording. The provider was also in the process of implementing a new electronic recording system.
- Following a complaint, communication with people and relatives had been highlighted as an area for

further focus. A relative also commented, "It could just be better organised to improve the communication because there are some individual carers with real heart and compassion." The registered manager confirmed how they had learnt lessons and were taking action to continually improve.

- People had access to call bells, some used pendants or wrist bands which enabled them to call for assistance wherever they were in the home. Response times could be affected if staff didn't know the person's whereabouts within the large building. Part of the provider's refurbishment plan was to update this system.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and staff through various means, including surveys and questionnaires, the results of which were on display. Action plans were also devised in response. Recent questionnaires completed were positive about the service provided.
- The provider recognised staff who had gone the extra mile to support people via their monthly "Gem awards." People and staff were able to nominate staff for these awards.
- People were kept up to date via a newsletter called the Cranford Grange Chronicle. This included information about staff changes, upcoming events and other news.
- Staff worked in partnership with various health professionals to improve people's care and outcomes.