

Livability

Cranfield 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?	Requires Improvement ●

Summary of findings

Overall summary

Cranfield Court is a supported living complex consisting of 20 individual flats, with a central building housing offices and shared living areas. Livability provides personal care support at Cranfield Court. The service predominantly supports people with a learning disability or autistic people; they are also registered to support people with mental health needs, older people and people with physical and sensory impairments. At the time of our inspection there were 20 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There were systems in place to monitor the quality and safety of the service. However, at the time of our inspection, these had not been reviewed or embedded. The area manager recognised checks needed to be consistent to monitor the quality and safety of the service. We have made a recommendation about quality assurance management.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

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.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff spoke respectfully about people and treated them with compassion. Staff respected people's privacy and dignity. They understood and responded to people's individual's needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 13 July 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care and right culture.

Recommendations

We have made a recommendation about quality assurance management.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cranfield Court

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living setting, 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.

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 announced. We gave notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 17 November 2022 and ended on 28 November 2022. We visited the office and

people on 22 November 2022.

What we did before the inspection

We reviewed information we had received about the service. 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 visited 2 flats and met with 2 people who used the service to get their feedback about the care provided.

We had contact with 1 relative and 4 people for feedback about the service. During the office visit we met with the area manager and the senior team leader. We also spoke to 3 members of staff. The registered manager was unavailable for the inspection. We reviewed a range of records. This included 3 people's care records and selected medicines records. We looked at 3 staff files in relation to training and supervision and a variety of records relating to the management of the service.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise concerns. A member of staff told us, "I know how to report any form of abuse and I would take immediate action. I would know who to report to and I would continue to escalate further to the Local Authority if I needed to."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, staff told us they would know what to say and how to manage a person's behaviour when they became anxious.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks.
- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. The area manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents. Lessons learned from incidents were shared and discussed at team meetings and used to improve people's care.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities. A person told us, "There's always someone here to help me whenever I need help with anything, I don't have to wait around."
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff confirmed the induction had been extensive and offered an opportunity for shadowing until they were confident which prepared them for their job.
- Staff were subject to Disclosure and Barring 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.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of

medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) which was included in their training.

- People were given their medicines safely and as prescribed.
- Staff did not support people with medicines until they had completed the required training, medicine competency assessments were seen on staff files.
- Some people were prescribed 'as needed' medicines. Information to guide staff on the administration of these medicines was limited or unavailable. This was raised during the inspection and the area manager took immediate action to ensure comprehensive information was available to guide staff on the potential circumstances this medicine may need to be administered to people.

Prevention and controlling infection

- Staff had received training in infection prevention control and provided with the appropriate personal protective equipment (PPE).
- Staff wore appropriate PPE when supporting people and there were measures in place to ensure the safe storage and disposal of PPE.
- Staff supported people to make their own decisions during the COVID-19 pandemic. There was a positive focus on informing people about risk, while enabling them to make their own decisions.

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

- Care and support plans were personalised and reflected a good understanding of people's needs. People's likes, dislikes and interests were listed and there was detailed guidance for staff on how to manage behaviours and health conditions such as epilepsy as well as detailed instructions on how to provide support with different aspects of daily living such as personal care and eating.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. Care plans and risk assessments were reviewed regularly. For example, staff identified changes in a person's behaviour, and this was reflected in an updated behavioural risk assessment.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and all restrictive interventions. A relative told us, "I think staff have all the skills and training they need."
- Staff were supported with a full induction when they first started working at the service. One member of staff told us, "The induction really helped me prepare for the role and I found it very helpful."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "My manager is very supportive and I have regular supervision."

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. People were supported to be independent with writing their shopping list, and staff provided guidance with menu planning.
- A person told us, "I always get to go out with staff and buy my own food. I have joined [slimming club] and lost some weight and staff are helping me with this."
- A pictorial menu was seen in the kitchen and communal dining area. A relative told us, "My [relative] needs a lot of support and staff sit with her on a weekly basis and help plan her menu and provide the guidance and support my [relative] needs."

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

- People had health actions plans which were used to support them in the way they needed. People played an active role in maintaining their own health and wellbeing.

- Staff were proactive about supporting people to attend annual health checks. We spoke to a person who had been to visit their GP for a blood test. They said, "I went out on my own to have my blood test done for my annual check up."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "Any health issues and staff contact the family straight away. They work closely with GPs and community nurses."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had capacity to make day-to-day decisions. We found staff practice reflected the principles of the MCA. People were encouraged to make their own decisions, while still minimising risk. For example, a person had joined a slimming club to lose weight and staff were monitoring their food intake to ensure they were eating well and maintaining a healthy diet to avoid excessive weight loss.
- Staff empowered people to make their own decisions about their care and support. Care plans and guidance acknowledged people with capacity would still need support even though they might make decisions staff saw as unwise.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A relative told us, "Staff are wonderful and really know how to care and support [relative]."
- Staff were focused and attentive to people's emotions and support needs. A person told us, "I can always talk to staff about how I feel, and they make me feel better. We work things out together."
- Staff were able to tell us about people's preferences and how they liked to be supported. One staff member told us, "[Person] doesn't like too many people around them and likes their own space. They like to go out independently and we encourage this as often as we can."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "There is always someone to support [relative] and they are very happy here."

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

- The registered manager worked closely with people and their relatives to ensure care was tailored to match their needs.
- People and those important to them, took part in making decisions and planning of their care and risk assessments. We observed a person telling the area manager they wanted a different person to take them out and the area manager arranged to meet with them later to look at the options and update their choices in their care plan.
- The registered manager had tools in place to gather feedback such as surveys for relatives and people to complete on the experience of their care.

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's confidentiality was always respected. Records were kept securely. Each staff member had their own login details to any information stored electronically.
- Staff treated people with dignity and respect. A person told us, "I have started working twice a week and I really enjoy it. Staff found a recruitment advisor to help me find the job".
- People had the opportunity to develop and gain independence. A person told us, "I am flying out to Australia for Christmas to see my [relative]. I used to go before Covid but haven't had the chance to go back and I am really excited."

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; 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 provided people with personalised, proactive and co-ordinated support in line with their care plans. People's care plans contained in depth information about their needs, including essential information relating to health, communication, likes and dislikes.
- People were supported by a team who knew them well and how they liked to be supported. One person told us, "They always listen to me and speak to me about how I am feeling and what I want to do."
- Peoples' care was reviewed regularly, and people had the opportunity to shape the service they received. The area manager told us they regularly amend or update the care plans as and when required.

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.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- People's care plans were written in practical, plain English.

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- People and those important to them could raise concerns and complaints easily and staff supported them to do so. Families confirmed they were aware of the procedure. One person told us, "I haven't had to make a complaint but if there is anything, I am sure they would listen to me."
- The service treated all concerns and complaints seriously. We saw an example where a family had raised an informal complaint to the manager and action has been taken to resolve the complaint.
- The service did not have a formal complaints audit. The area manager told us they would complete this on a monthly basis to analyse any trends or themes.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- There was limited information in the support plans we reviewed relating to people's end of life wishes. The area manager told us they would review this and look at incorporating more detail about people's wishes.

Is the service well-led?

Our findings

Well-led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had systems and processes in place to monitor the quality and safety of the service and drive improvements however, these had not been consistent or reviewed regularly.
- An action plan was conducted in August 2022 for the service which identified gaps and missing information, but these had not been resolved. For example, in April 2022, the action plan identified 'PRN protocols needed to clearly reflect practice' but this had not been completed.
- There was a missing PRN protocol in a persons medication folder and the medication audit did not identify this.
- The action plan also identified that a trend review was needed for all accidents and incidents in July 2022 and in August 2022 but this had not been completed.
- We discussed the need to have a robust quality assurance system with the area manager, which would need to be in place to analyse themes and trends to better monitor and evaluate the outcomes for people.

We recommend the provider review their systems and processes for quality assurance to ensure more robust oversight of the service.

- The area manager advised us they would be managing the service in the registered managers absence. They told us they would be working closely to support the senior team leader to complete all audits.
- The area manager understood about the different kind of events they were required to notify CQC about.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. A relative told us, "The management resolve all my queries and get back to me whenever I need them to."
- People's equality and diversity characteristics had been considered and integrated into their care plan.
- The registered manager shared information with staff regularly and had frequent contact with them. A staff member told us, "We all work very well together and are always in contact with each other. The manager discusses information with us regularly and is very approachable."
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about trainings.

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; Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people

- The area manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "We work well as a team together, I enjoy my job and I like supporting people so that they can live their best life."
- People were complimentary of the service and staff. One person said, "I am really happy here, I would not go anywhere else." A relative told us, "Communication with staff is really good, they always keep in regular contact and we have no complaints."

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The area manager told us they are always discussing how to move forward and improve the service.
- The service worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.
- Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP and pharmacy when required.