

Horizon Healthcare Homes Limited

Cranmer Court

Inspection report

Cranmer Bank
Leeds
West Yorkshire
LS17 5LD

Tel: 01132370024

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12 September 2018

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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 is a purpose-built home. The home is registered to provide care for ten people with learning disabilities. It is located in the Moor Allerton area of Leeds. It is accessible by public transport and is near local amenities.

Cranmer Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there were nine people living in the service. 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.

There was a registered manager in place. 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.

At the last inspection published on 12 March 2016, the service was rated Good. At this inspection we found the service remained Good in all domains. As the service remains good, we have written a shorter version of the report.

People's care and support was planned in partnership with them. Staff used individual ways of involving people and people took a key role in the local community and had opportunity to access education and work. People had facilities and support available to them to help them live as fulfilling a life as possible. People had opportunities to take part in activities that reflected their interests and preferences.

People told us how much they enjoyed living at Cranmer Court, spending time with their friends and being given opportunities to live their life.

People were supported by sufficient numbers of appropriately skilled staff to meet their needs and keep them safe. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again.

People lived in a service which was kept clean and tidy. People were encouraged to help with cleaning the service and their own private areas of the accommodation.

Medicines were managed and administered in a way to keep people safe. We found one mistake with administration and made a recommendation about this.

People's needs had been assessed before they moved into the service to ensure staff could provide the support they required. Staff had the training and support they needed to carry out their roles effectively. All staff attended an induction when they started work and had access to ongoing training.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care and how people communicated their decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People could make choices about the food they ate and were supported to maintain a healthy diet. People were supported to maintain good health and to obtain treatment when they needed it. Each person had a health action plan which detailed their health needs and the support they needed. Staff worked with external organisations and professionals to help provide the most effective care to people.

The service provided bright and spacious accommodation with access to grounds and outside space. People had been encouraged to choose the décor and were able to personalise their bedrooms.

Staff were kind, caring and compassionate. People had positive relationships with the staff who supported them and there was a homely, caring atmosphere in the home. Staff treated people with respect and maintained their dignity. People were supported to make choices about their care and to maintain relationships with their friends and families.

There were appropriate procedures for managing complaints. Where complaints had been received by the service these had been responded to appropriately.

People, relatives and staff benefited from good leadership provided by the registered manager. Relatives said management was open and transparent and it was clear from our discussions that they had a drive to continuously improve the service people received.

Staff said there was a strong team ethos and they received good support from their colleagues.

People who lived at the service, their relatives and other stakeholders had opportunities to give their views.

The provider's quality monitoring systems were effective in ensuring people received good quality care and support. Important areas of the service were audited regularly and action plans were developed when areas for improvement were identified. However, there was one area of the service we had a concern about which the audit tools had not identified. We made a recommendation regarding the medicines audit tool.

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?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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.

The inspection took place on 04 and 12 September 2018 and was unannounced. This was a comprehensive inspection carried out by one inspector.

Before the inspection we reviewed the evidence, we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had 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 reviewed the PIR prior to our inspection. We asked the local authority and commissioners about their views of the service.

During the inspection we spoke with or met six people who lived at the service, spoke with three members of staff and the registered manager and provider's operations director. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at three people's care records, including their assessments, care plans and risk assessments. We checked training records and how medicines were managed. We also looked at health and safety checks, quality monitoring checks and the results of the provider's latest satisfaction surveys.

After the inspection we spoke to or received feedback from four relatives.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

Most of the time people received the medicines they were prescribed. One person's medication Administration Record (MAR) showed over a five-week period, they missed their lunch time medicines on five separate occasions when away from the service. We mentioned this to the registered manager who told us they would make sure all staff were trained with medicines administration the future. During the inspection the registered manager and operations director changed the medicines policy to reflect how staff take medicines away from the service. Medicines were stored correctly and securely and MAR's showed that all other people had received their medicines when they required them.

We recommend the provider maintain the new practice of staff taking medicines away from the service so people still receive their medicines, even when they leave the service.

People told us they felt safe at the service and when staff provided their support. One person nodded when we asked if they felt safe. Another said, "Yes." Relatives also felt their family members were safe. One relative said, "I know they are safe and well here."

People were helped to stay safe from harm. Risk assessments had been carried out to keep people safe while supporting them in areas including activities, eating and drinking and risks associated with accessing the community.

Staff understood their roles in keeping people safe. A staff member told us, "Types of abuse include physical, emotional, sexual and financial. The signs could be bruises, being withdrawn, or having low self-esteem." We saw noticeboards around the service had safeguarding information on them for people, staff and visitors.

We observed there were enough staff available to support people. Our observations showed people were responded to in a timely way. The rota was planned around people's needs and risk. This meant staffing levels were adjusted daily depending on what people were doing, what support they needed and when.

There was a proactive approach to accidents and incidents and staff learnt from them. Accidents and incidents had been recorded, investigated and monitored for trends.

People were protected by the provider's recruitment procedures. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Each person had their own personal evacuation plan. This recorded the needs the person had and what support they may require to safely evacuate the service in the event of an emergency. We noted in the case

of one person who had a hearing impairment that as they did not wear their hearing aids in bed, they may not hear the alarm and staff were to alert them.

People were protected from the risk of infection as staff maintained appropriate standards of hygiene. We found the home to be clean and hygienic with no malodours. People assisted with keeping the home clean.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People's needs had been assessed before they moved into the service. The registered manager told us, "Before people come to live here, we complete an assessment and sometimes they come to visit the service and have a look around."

The service provided bright and spacious communal and private rooms as well as a large well-maintained garden for people to use. There was signage and information in easy-read format for people. The service had introduced technology to enable people to ask questions and ask for music. For example, they had an artificial intelligence device that people could speak to. We observed people using this with staff.

Staff had access to the training and support they needed to carry out their roles. We asked one person if they felt staff knew what they were doing and they said, "Yes." Records confirmed staff were trained and had opportunity to meet with their line manager to discuss all aspects of their work. Staff completed the care certificate. The care certificate is a nationally recognised set of training courses and standards that care staff are expected to meet.

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). People were being supported to make decisions in line with the Mental Capacity Act 2005 (MCA). One person nodded 'yes' when we asked if staff asked them what they wanted to do.

Mental capacity assessments had been carried out where necessary and staff presented information to people in ways they best understood, which helped their decision-making. Where people lacked the capacity to make a particular decision, staff had consulted all relevant people, such as relatives and healthcare professionals, to ensure the decision was made in the person's best interests. Two people had a DoLS in place due to their need for one to one support and not being able to go out unaccompanied.

People told us they enjoyed the food and could make choices about what they ate. We observed people were asked what they wanted for lunch. One person said they wanted soup and another person said they wanted scrambled egg on toast. One person told us, "Oh I like the food." Where people required specialist input to meet their nutritional needs this was arranged for them; such as one person who was at risk of choking.

People were supported to stay healthy and to obtain treatment when needed. People had support from healthcare professionals including the GP, chiropodist, optician and podiatrist. One person had a goal to maintain a healthy weight and staff had supported them to choose a balanced diet. People had health action plans in place to monitor their ongoing medical needs.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People were happy living at Cranmer Court. One person smiled and nodded their head when we asked them if they enjoyed living in the service. One relative told us their family member was happy and they got to do lots where they lived.

Staff were equally happy with working in the service. A staff member told us, "I like working here, it's very rewarding. It's just helping people to lead the lives they want to live." Another said, "I like coming to work, it's a happy place."

There was a warm, caring atmosphere in the home. People clearly had good relationships with staff and they appeared relaxed in their company. Staff knew people well and could describe to us people's individual characteristics. A staff member told us, "We have spent lots of time with people so we get to know them and what they like."

People were encouraged to make decisions about their care, express their views and maintain relationships of people close to them. We observed one member of staff ask a person if they wanted to have some food at meal time, the person indicated they didn't want food and this decision was respected.

People's primary form of communication was recorded. Care records contained information about how to best communicate with people. For instance, one's person's care records directed staff not to speak loudly, speak slowly and clearly and not to use long words and make eye contact.

People's privacy, dignity and independence were respected. We observed one person's jumper was pulled up their back when they sat down, staff supported them to pull it down so it wasn't showing their bare back.

People had been encouraged to choose the décor and furnishings for their bedrooms and were able to personalise their rooms as they wished. We saw people's bedrooms were all individual in decoration and contained items and decoration that was important to each person.

People had access to information in a way that would help them to understand it. In people's support plans and around the home there was information in pictorial format.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People were supported to live as full a life as possible. One person helped with cooking and another person went horse riding on the day of inspection.

People had opportunities to participate in activities that met their individual needs. One person told us, "I like cooking." We heard a second person say to staff, "I want to go horse riding." We saw photos and staff told us about experiences people had during activities.

People's care and support was planned proactively in partnership with them. Staffing levels could be flexible enabling people to receive care when they wanted it in the way they wanted it. Two staff members were allocated to a person to support them when swimming. This enabled people to take part in activities.

People had keyworkers who they met with each month to review the service they received, including the activities they attended and to review progress towards achieving goals. It was clear in the case of one person that their goals were being worked towards. For example, they had a goal of losing weight and their weight chart indicated they had lost some weight.

People received care that was personalised to their needs. Care plans recorded people's care needs and we observed people being supported with their day to day lives. Staff were actively supporting people to be involved and asking their views on how support was provided on This meant if people did not like how something was happening, staff could change how they were supporting them.

People's human rights and equality were respected by staff and staff understood people's social diversity. We heard the registered manager on the day of inspection explain to two visitors that people are more than welcome to visit whenever as long as it's not unsociable hours. Care records demonstrated people's diverse and cultural needs and how to support people with this aspect of their life.

There were appropriate procedures for managing complaints and concerns. People told us they would know who to speak to if they had any concerns or worries. One person said, "Staff fix things." Staff understood how to support people to raise concerns. A staff member told us, "I would ask the person to go to the registered manager or the deputy." We saw a copy of the provider's complaints policy in the entrance of the service.

No one currently living at the service was receiving end of life care and as such care plans relating to this were not written up. We spoke with the registered manager about this and they told us, "We had one person who unfortunately passed away where an end of plan was in place." The registered manager told us that they will, as appropriate, have a conversation with families and health professionals regarding an end of life plan for other people supported at the service.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

There was a clear vision within the service and staff told us they felt supported in their role. A staff member told us, "We want people to lead their own lives and we try help them towards that goal." A second member of staff told us, "The manager is good, we all know what we are doing."

There was a drive by the registered manager to ensure improvements to the service and embed and develop them further. Regular audits were completed and these highlighted areas for improvement, such as reminding staff on completing daily notes and information about medical appointments. Audits included medicines, infection control and care plans. However, one concern raised during inspection about medicine's administration had not been identified by the provider's audit process. For example, the provider had not identified the identified missed medication when people left the service.

We recommend the provider review its medicines audit tool.

People were involved in the service. One person told us, "I tell them (staff) what to do." Our observations showed staff asking people about what they wanted to do and shopping ideas for the service. A staff member told us, "We ask people and get them to design their own rooms and help with ideas for other decoration." The registered manager had an action plan to address anything raised from the audits completed. We read that actions had been signed off as met.

The service had a registered manager in place. Having a registered manager in the service is a condition of registration. Relatives felt the management of the service was good. One relative told us, "All the staff including the manager know what they are doing, they keep us well informed." Another said, "They are good at communicating with me." The registered manager told us they worked with other agencies and other services. The service worked alongside other services run by the provider to learn from mistakes and improve services. They also worked with local health care professionals to learn from their professional opinion.

The registered manager and staff were aware of the good practice guidance for people with learning disabilities. This service met the values of registering the right support and building the right support.

The relative's, staff's and service user's satisfaction survey was very positive with ratings of five out of five in lots of areas. In areas where some surveys raised small concerns, or room for improvement, the registered manager had taken this on board and made changes. For example, decoration of a room.