

Norse Care (Services) Limited

Cranmer House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection initially took place on 31 December 2014 and was unannounced. We arranged a return visit to the service on 6 January 2015 to complete this inspection.

Cranmer House provides accommodation and care for up to 20 people for relatively short periods of time. Most people staying at the service received respite or re-enablement care.

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 and associated Regulations about how the service is run.

People were enjoying their stay at Cranmer House as staff provided the support and care they needed. Staff were kind and therefore they felt safe and cared for. The service offered people a choice of activities and meals. We saw that where people had a specific preference this was respected by staff.

Staff were knowledgeable about the support and care needs of people who used the service. They received the

Summary of findings

training they needed to carry out their roles safely and effectively. They felt supported by the manager and we saw they were encouraged to develop their skills. This then strengthened the quality of the service that was provided to people.

We saw that medicines were managed safely by staff, who had received the appropriate training in how to store and administer them to people.

The atmosphere was relaxed and friendly at the service and we observed people being supported in an appropriate and considerate manner by staff. Staff asked people if they needed assistance and chatted with the person as they provided support.

There were continual audits and assessments completed to ensure that the quality of the service was satisfactory and met people's needs. Complaints were responded to appropriately, although these were few as people were encouraged to voice their opinions during their stay at the service.

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Summary of findings

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.

People who used the service told us that they felt safe. Staff knew what to do if they had any concerns about the safety and welfare of people.

There were enough trained and experienced staff to support people and keep them safe.

Staff were trained to administer medicines and they were checked regularly to ensure they used the appropriate practices.

Good



Is the service effective?

The service was effective.

Staff knew the needs of the people they supported and people had access to specialist healthcare advice when needed.

Staff received training to help them carry out their roles effectively. They were also trained in the Mental Capacity Act 2005 and were aware of the requirements relating to the Deprivation of Liberty Safeguards (DoLS) so that people who could not make decisions for themselves were protected.

People were provided with a healthy diet and were supported to maintain good health.

Good



Is the service caring?

The service was caring.

People who used the service and their relatives were happy with the care and support they received.

Staff were kind and respected people's dignity and were encouraged to look at a person's whole well-being and life style, not just their current health needs.

Staff were patient and worked at a pace that suited the person they were providing support and care for.

Good



Is the service responsive?

The service was responsive.

People who used the service, and their relatives, were involved in assessing and planning their care. People's choices and preferences were recorded in their care plan and respected by staff.

Staff responded promptly and in an appropriate way to meet people's changing needs.

Good



Is the service well-led?

The service was well-led.

People who used the service, their relatives and the staff felt positive about the manager. They were provided with opportunities to feedback their comments about the quality of the service.

The manager demonstrated that she continually assessed and audited the service. She monitored the quality of the service that people received and took action to improve it where it was needed.

Good



Cranmer House

Detailed findings

Background to this inspection

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

This inspection took place on 31 December 2014 and 6 January 2015 and was unannounced on the first visit. We made an appointment to return to the service to complete our inspection that was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included the Provider Information Record (PIR) information we had received and any

statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We looked at previous inspection records and all other information that we hold about the service.

On the day we visited the service, we spoke with four people who were staying at Cranmer House. We spoke with the registered manager who oversaw the overall management of the service and also with six members of staff. We also observed how care and support was provided to people.

We looked at three people's care plans and other records that showed us what routines people maintained and how they liked to be supported. We looked at a variety of records that included audits and monitoring of the service that was provided, maintenance and medication records.

Is the service safe?

Our findings

We saw that maintenance and redecoration was on going and people lived in a safe environment that had been well maintained. We spoke to four people who used the service and they told us that they felt safe at Cranmer House. One person said, “I am as comfortable as they can make me and yes I do feel safe.”

One relative told us that at the initial assessment staff decided that an alarm to alert in case of falls was needed in the person’s room. We were told that this was put into place quickly and before their family member was admitted. This supported the safety of the person and the relative said they were impressed how efficiently this was dealt with.

Any risks to people were appropriately assessed and managed by staff to ensure people’s safety. These were then reviewed as the person’s condition altered, ensuring that the information was appropriate at all times. This supported people to become as independent as they were able in a safe and managed environment. One relative told us that the practices in place and the routines at the service had given their family member confidence as they were made to feel safe.

Staff employed at the service had been through a thorough recruitment process before they started work. The permanent staff team had been stable for some time and one visitor commented that they saw how staff worked together to keep people safe while they tried to become

independent again. We looked at three staff recruitment files which confirmed that appropriate checks had been completed to ensure they were suitable to work at the service.

Staff working in, and people staying at the service confirmed that they felt staffing levels were appropriate during the day and night. One person who had recently been admitted told us, “Staff have been very good and been available to answer all my questions. I was nervous but feel better.” We saw that the rotas were developed when the support and care needs of people had been assessed. Therefore the staffing levels were set to enable staff to safely meet people’s needs. Our discussions with members of staff also confirmed this. We noted that people were promptly attended to when they needed any assistance. When people were walking around independently staff also quietly asked if people were alright and offered to open doors or accompany people. This meant that people moved around the service in a safe and supported way.

People received their medicines at the appropriate time and in the correct way, supporting their wellbeing in a safe way. The service had effective systems in place to receive, store and administer medicines. We saw that medication administration records (MAR) charts were up to date and completed correctly indicating that people received their medicines as prescribed. We saw that staff explained what they were giving people and waited for the person to indicate their agreement before they gave any medicines. Staff skills were completed regularly, checking that practices were in line with current guidelines.

Is the service effective?

Our findings

People staying at the service told us that they received effective care and support from well trained staff. One person told us, “Staff are very kind; they are brilliant, helping me so very much.” Another person said that they could not find fault with anything and that they felt the staff knew what they needed and when support was required.

We observed staff showing an understanding of the difficulties people faced and how staff could provide assistance. Staff were attentive and constantly observed people to make certain they had what they needed.

All the staff we spoke with felt that they had the correct training to enable them to support people staying at the service. They also confirmed that they were able to ask for any specific training that they felt would be relevant or beneficial to their role. We saw that the training schedule covered a variety of areas. For example staff trained in areas such as moving and handling, safeguarding adults, emergency aid and end of life care.

Staff told us that they had completed an induction programme on their commencement of employment. They shadowed an experienced staff member to ensure they became familiar with their roles and with the routines at the service. They also received regular supervision where they discussed people who used the service as well as their personal development. Our review of records also confirmed this.

The staff team had been stable for some time and one person who had a relative at the service said that they could feel that staff were confident about their roles, without being too formal. They told us that staff had worked well together to encourage and support their relative.

We asked the manager and staff about their understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). They told us that they had completed training and showed us that they had an understanding and knowledge of both MCA 2005 and DoLS Acts. We saw that appropriate applications had been submitted to the local authority when needed to ensure that people’s liberty was not restricted unlawfully. There were also policies and procedures in place to support staff. This provided additional information on how to support people who were unable to make decisions.

People staying at the service could not speak highly enough about the food that was available. One person said to us that they could not make better at their home and another person had put on weight during their stay. A relative told us that this had been an important factor in the recovery of their relative. The fact that food was so tasty and appetising encouraged their relative to eat when they really did not feel like it. This aided their independence as they gained strength to do things for themselves. We were told that there was plenty of choice of food and the atmosphere in the dining room was relaxed and helped people enjoy their meals.

Discussions with people confirmed that they had access to a variety of healthcare professionals during their stay. One person was told that they could have their own physiotherapist visit. The relative told us that their family member was very pleased that this was possible and that this was a very good thing to be supporting. One GP told us that the service worked closely with the surgery to support the changing healthcare needs of people at Cranmer House. The GP told us that staff were always professional, readily available and responded appropriately to any health concerns.

Is the service caring?

Our findings

People who used the service and their relatives told us that they were happy with the care and support provided. They said that staff took their time and supported them in a way that encouraged people to gain their independence and confidence again. One person said, “I did not know what it would be like here, but staff are lovely. I feel well cared for here and staff are always checking on me.”

One relative we spoke with said, “Staff were so very patient, kind and were really marvellous. First class all round.” They explained that their relative had needed encouragement to try and be mobile again to enable them to go back home. We were told that this was accomplished by staff being firm, but in kind, considered way. They were, “like family but yet they were also at an appropriate, professional distance.”

Staff showed a good knowledge and clear understanding about the care and support people needed. We observed a handover meeting between shifts and this showed us that staff were fully aware of what was taking place, who was due to arrive and what people’s individual needs were. Staff told us that they used a relaxed approach that

encouraged and supported people to choose their own daily routine and to achieve their goals. They explained that they made sure that people’s privacy, dignity and independence were respected. For example, by knocking on their bedroom door before entering, checking with the person that they agreed with the care or support they were about to provide and also speak with people in an acceptable manner. Our observations of staff confirmed they carried out these actions.

People staying at the service told us that the staff listened to them and consulted them about their care. They said that they and their relative had been fully involved in reviewing and developing their care plan information. People also confirmed that they had been asked regularly if they had everything they needed and if the support they received met their needs.

One visiting healthcare professional told us that they had always found staff to be caring and ensured that they supported people with due consideration for their needs and ability. We saw that all staff, no matter what their role, were kind and caring and spoke to people in a respectful and considered way.

Is the service responsive?

Our findings

People staying at the service told us that staff knew their needs very well. One GP told us that they had always felt that staff had a good knowledge and understanding of the needs of people. They found that staff listened and ensured they followed their directions appropriately. Staff had always been quick to call if they had any doubts or questions about a person's health.

One relative told us that they had been kept up to date and informed throughout their family member's stay. They had been provided with information both before and during the stay. One person newly admitted told us that they felt they had been provided with enough information to make decisions about their care and support needs.

People's admissions to the service were planned and their needs had been thoroughly assessed. The manager told us that only when she was certain a person's full needs could be fully met, were they admitted. All equipment that was needed was put into place prior to their admission. If this was not possible, then the admission was delayed until equipment was obtained. We saw that care plans covered a variety of needs and were reviewed during a person's stay as their ability and health changed. Care plans clearly set out a picture of what the person hoped to achieve and what they were accustomed to being able to manage to do in their own home.

Staff said that any changes to people's needs or how they were to be cared for were always communicated to them.

We saw this was the case as staff discussed new admissions and discharges. Any appointments people had during their stay and known health professionals appointments for people were also fully discussed and confirmed. Staff confirmed that this made sure that people received care that was planned, organised and understood by all staff on duty. This was also confirmed in the handover records we saw.

We noted that people were able to visit at any reasonable time and staff always stopped to greet people and ensure they knew what was happening and where to find their friend or relative. We were told that individual needs, such as those who were unable to sleep well or through the night, were supported. Staff would make refreshments and talk to people until they felt settled enough to have a rest or sleep.

We saw that information was on display in the main hall about how to make a complaint and other information was clearly displayed to fully inform people. There was a complaints policy and procedure in place at the service. When we spoke to people staying at the service about any concerns or problems, they all told us that staff had dealt with whatever they had needed from the time they arrived. They confirmed that they would not hesitate to speak to staff if they had any concerns. Everyone felt that staff would deal appropriately with any matters but we were told that no one had any worries or concerns as staff had, "been absolutely excellent and so helpful."

Is the service well-led?

Our findings

When we asked people if they felt the service was well organised and run, everyone we spoke to had only positive comments about their experience. They told us that they felt very much at home and one relative said, “Staff are like family and the atmosphere is so very relaxed.” Another person said, “You can tell that the staff love their job and take a pride in doing things well. They could not do enough.”

Staff told us that they felt supported and that the service was well-led. They said that the manager was very approachable and was always ready to give staff time if they needed to discuss anything. One member of staff said they felt that the manager had their best interests at heart and really supported the team. Staff also said that everyone supported each other and worked well together to support people and enable them to get back to better health.

People were always asked about their stay and given a feedback form to complete. We saw evidence where these had been collated and reviewed to make certain that any action, or even information to use at a future stay, was recorded and action taken where needed. Questionnaires

had also been regularly issued to people to seek their views of the service. The results of these were sent to the provider for review and then returned to the service with a plan of action to address any identified shortfalls.

There were systems in place to monitor the quality of service provided to people living at the home. There were processes in place to show how any incidents or accidents were analysed to identify and reduce further risks or reoccurrence. We saw records that showed the manager had regularly conducted audits that covered infection control, cleaning schedules, medicines administration and storage. Such audits also included spot checks of all areas and regular observations around the building.

The manager told us that the provider also undertook spot checks and audits that were unannounced to assess the quality of the service. There were completed risk assessments for the safety of the building and these were undertaken annually. The manager maintained a training plan that detailed the future training as well as that completed by all staff. This allowed them to monitor training and to make arrangements to provide refresher training as necessary.

Maintenance records were complete and the testing and servicing of equipment and systems within the service, such as fire safety, water and equipment had been carried out in a timely manner. This made sure that they were safe for people use.