

# Flarepath Limited Cranmore

## Inspection report

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Date of inspection visit: 4, 5 and 9 June 2015  
Date of publication: 01/09/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We undertook an unannounced inspection of this service on 3 and 4 June 2015. We returned to the service for part of the day on 9 June 2015 when the manager was available.

The service is registered to provide accommodation and personal care for up to six people who have learning disabilities, including autism, Prader Willi Syndrome and some complex and challenging behavioural needs.

Accommodation is provided in a detached house in a quiet residential area of New Romney, close to public transport and local amenities and shops.

Accommodation is arranged over two floors and each person had their own bedroom. The home benefitted from a large enclosed back garden, where people were supported to look after chickens and ducks and grew fruit and vegetables.

This service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like



# Summary of findings

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 time of inspection the home was full and we were able to speak with each person. People told us that they liked living in the home, they were happy, they liked the staff and the staff were kind. They thought the home provided a relaxed and comfortable living environment, which didn't feel crowded.

To help us understand the experiences of people who could not readily communicate with us or preferred not to, we observed their responses to the daily events going on around them, their interaction with each other and with staff.

Our inspection found that whilst the home offered people a homely environment and their basic care needs were being supported; there were shortfalls in a number of areas that required improvement.

Staff planning did not always ensure that there were enough staff who had received relevant training to support people at all times. This included night staffing arrangements.

Although the service had access to the local authority safeguarding protocols, incidents that warranted referrals to the authority were not made.

Some practices for the administration of medicines did not promote proper and safe management because procedures intended to safeguard against mistakes were not always followed.

The home was not always responsive to people's needs. This was because people's goals and wishes were not effectively progressed to encourage development of learning and exploring new activities and challenges.

Authorisations and decisions, made under the Mental Capacity Act 2005 to deprive people of their liberty, were not notified to the Care Quality Commission when they needed to be.

A quality monitoring system was in place, but was not effective enough to enable the service to highlight the issues raised within this inspection.

There were other elements of the inspection which were positive. People told us that they felt safe in the service and when they were out with staff.

The registered manager had an understanding of the Mental Capacity Act 2005, and Deprivation of Liberty safeguards, they understood in what circumstances a person may need to be referred and when there was a need for best interest meetings to take place. Advocacy services were made available to people.

People had personalised records detailing their care and support, including well developed support plans for their emotional and behavioural needs. People were supported to access routine and specialist health care appointments. People told us staff showed concern when they were unwell and took appropriate action.

People felt comfortable in complaining, but did not have any concerns. People, relatives and visiting professionals had opportunities to provide feedback about the service provided both informally and formally. Feedback received had all been positive.

People felt the service was well-led. The registered manager adopted an open door policy and sometimes worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

The provider had a set of values, which included treating everyone as an individual, working together as an inclusive team and respecting each other. Staff were aware of these and they were followed through into practice.

We found a number of breaches the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.



# 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 home was not always safe.

Staff planning and deployment did not always ensure that sufficient suitably trained staff were available to meet people's needs.

People were at risk of not receiving the right support to keep them safe as the local authority were not aware of incidents in the service where people were harmed. Incidents warranting referral to the local authority safeguarding were not made.

Some practices concerning the administration of medicines did not always promote safe practice.

Some maintenance and repair did not keep pace with the rate of wear.

Suitable recruitment checks and emergency procedures were in place.

Requires improvement



### Is the service effective?

The home was effective.

People were cheerful and positive about the staff who supported them.

The home was meeting the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

People consented to their care and treatment and staff were trained to support people's specific needs.

Communication was effective, staff understood people's needs. People told us they had choices about what they ate and how their meals were planned.

People were supported to maintain good health and had access to medical and social services as needed.

Good



### Is the service caring?

The home was caring.

People told us they liked that staff who supported them and found this comforting and reassuring.

Staff were respectful when talking and interacting with people and treated people as individuals, recognising their preferences and likes and dislikes.

People felt that staff supported them to be independent and helped them to maintain and develop life skills.

Care records and information about people was treated confidentially.

Good





# Summary of findings

## Is the service responsive?

The home was not always responsive.

Although care plan reviews took place, reviews of people's goals and ambitions were not well developed or actively pursued.

There was an accessible complaints procedure and people were confident that any concerns would be addressed and action taken where necessary.

The home involved people and their families or advocates in planning and reviewing care.

People had a choice about activities which helped them meet new people and maintain friendships.

**Requires improvement**



## Is the service well-led?

The home was not always well led.

Quality assurance processes were not always effective.

Statutory notifications required by CQC were not always submitted. Some policies required updating as they referred to regulations that were no longer current.

Staff felt supported and there was an open culture in the home which encouraged staff and people to share their views.

People, relatives and health and social care professionals thought the service was well run and spoke positively about the leadership of the manager.

**Requires improvement**





# Cranmore

## 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 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.

We undertook an unannounced inspection of this service on 3 and 4 June 2015. We returned again on 9 June 2015 for part of the day when the registered manager was available. We spent the first two days of inspection talking with people in the service and staff; we looked at records as well as operational processes. We spent the last day discussing these with the registered manager. The inspection was undertaken by one inspector, this was because the service was small and everyone was able to express their views about the service they received. It was considered that additional inspection staff would be intrusive to people's daily routine.

We reviewed a range of records. This included four care plans and associated risk information and environmental risk information. We looked at recruitment information for four staff, including some who were more recently appointed; their training and supervision records in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and provider. We spoke with each person, five staff and the registered manager. After the inspection we spoke with a social care professional who had visited the service.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the home is required to tell us about by law.



# Is the service safe?

## Our findings

People told us they were happy and felt safe living at the home. People appeared comfortable and at ease within their home environment and reassured by the staff who supported them.

Although people told us they felt safe, we found examples of staffing, safeguarding and medicine management processes which were not safe. Aspects of maintenance and repairs also required improvement.

Some people had behaviours that could be challenging towards staff and other people. Risk assessments and appropriate restraint protocols were in place. Staff kept detailed records of when incidents occurred, whether de-escalation or distraction strategies had worked or if, as a last resort, a form of intervention or restraint was used and any consequent aftercare provided. Some forms of intervention required two members of staff present to ensure that people were supported as safely as possible. However, on the second day of our inspection, staff arranged to take some of the people out on activities. Two people remained at the home, one of whom had behaviours that could challenge. Their risk assessment set out that two staff would be needed, should full restraint be required. The risk assessment also set out that while there were some known triggers; behaviours were to an extent unpredictable. Although two staff remained on site, they had not both received training in intervention and restraint techniques. Therefore, had action been required, there would not have been sufficient suitably trained staff present to meet the requirement of the risk assessment and support the person safely.

Similarly, people were only supported by one wake night staff between 9pm and 8am. Although the registered manager explained that there was an on call system for emergencies and most staff lived locally, night staffing arrangements did not meet the requirements of risk assessments, should restraint be required. This presented a risk that people may not be safely supported and other people at the home may be placed at risk.

Planning and deployment of staff had not ensured that there were sufficient numbers of suitably skilled and qualified staff. This was in breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

All staff had received training in safeguarding adults; they were able to describe different types of abuse and told us they knew the procedures to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy, together with access to the local Kent and Medway safeguarding protocols. However, records of incidents and accidents showed an occurrence where a person had sustained an injury caused by another person at the home. In addition, daily notes referred to another person slapping someone. The local Kent and Medway safeguarding protocols categorise slapping and causing another person physical injury as abuse. Staff and the registered manager had failed to report incidents to the local authority. This meant incidents of abuse were not investigated.

People were not protected from the risk of abuse because systems had not been operated effectively to include referral to the appropriate body. This was in breach of Regulation 13 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

We assessed the procedures for ordering, receipt, storage, administration, recording and disposal of medicines. We identified some administration errors and areas of practice which did not promote the safe administration of medicines. For example, one medicine had been signed as administered but the person had not taken it. Another medicine administration record (MAR) contained incorrect information about the dosage of diabetic medication. Staff explained that they were not reliant on the dosage shown because blood sugar levels were taken several times daily and then the dosage was adjusted in response to the levels. Consequently the amount of medicine varied almost each time. Staff told us the amount of this medicine administered was stored electronically in a separate record and that two members of staff witnessed that the correct dose was given. However, we saw that records were only signed by one member of staff. We saw that a topical medicine intended to be given once a week was not reoffered in the same week if refused, this meant other opportunities to administer medicines were not actively considered. Where medicine was given more than an hour late, although correctly coded on MAR charts, the actual time it was given was not recorded. This would not allow staff to determine if a safe interval was allowed between doses should they have needed to.



## Is the service safe?

Practices of administration of medicines did not always promote proper and safe management. This was in breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

A programme of maintenance and upgrading was in place. Most areas of the home were recently decorated and there was a newly fitted kitchen. However, although acceptable maintenance and repair reporting processes were in place, the pace of repair did not always keep up with the rate of wear. For example, three banister spindles were missing at the bottom on the staircase, repairs to plasterwork had not been decorated and damage to a light switch and plug socket, which had happened on the first day of our inspection, had not been rectified by the last day of the inspection. The registered manager recognised the need for redecoration and upgrading of the building in some areas.

The service was not properly maintained. Damaged electrical fittings and missing stair spindles presented a risk of injury to people. This was in breach of Regulation 15 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Records showed that the provider ensured that the maintenance of services, for example the electrical installation, gas safety certificate, portable electrical appliances, fire alarm and fire fighting equipment were checked when needed to keep people safe. Tests and

checks of fire equipment and the alarm were conducted on a weekly and monthly basis, to ensure equipment was in working order. Fire drills were held regularly to ensure staff were familiar with actions in the event of an emergency.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. These enabled people to be as independent as possible and access the community. For example, safety in shops and public places, crossing the road, cooking and carrying out household chores.

Recruitment practices were robust. Required checks were completed before new staff started work to safeguard people. Proof of identity was obtained and files contained evidence that disclosure and barring service (DBS) checks had been carried out. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Application forms had been completed and two references had been received in each case. This helped to ensure people were protected by safe recruitment procedures because required processes had taken place.

Staff were provided with information about actions to take in an emergency and had emergency numbers to call. Staff were aware of assembly points and the registered manager was clear where people would be taken initially as a place of safety should the home need to be evacuated. Individual emergency evacuation plans were in place detailing the support people required to evacuate the building safely.



# Is the service effective?

## Our findings

People spoke cheerfully and were positive about their home and the staff who supported them. They told us they received the right amount of support and felt that staff supported them well. One person said, “The staff are all friendly, I find them extremely good”. Another person told us, “They all know what to do and the things we like. I wouldn’t want to live anywhere else”. These comments were also reflected in surveys people had been supported to complete. Other surveys of relatives and care professionals reflected that staff had a good understanding and knowledge of people and their care and support needs.

Staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS form part of the MCA and aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom. Where restrictions are needed to help keep people safe, the principles of DoLS ensure that the least restrictive methods are used. A DoLS application had been made to a local authority and received due consideration where a person may not have been able to consent to receive care and treatment at the home. Other people at the home were able to consent to live and receive treatment there. Some of these decisions were made by people with support of their family or independent advocates. Advocacy seeks to ensure that people, particularly those who are most vulnerable, are able to have their voice heard on issues that are important to them. No DoLS authorisations were in place, although a Court of Protection Order, made following a best interests meeting, was in place to manage a person’s finances. Other people had consented to have less formal arrangements to help support them with their finances.

People told us their consent was gained, by talking through their care and support and routines with staff. People said they were offered choices, such where to go out and what to eat or drink. Where people presented challenging behaviour, staff worked with health professionals to look at ways of managing the behaviour. We saw and staff confirmed that interventions and restraint were used as a last resort and carefully recorded. Where possible other techniques and strategies, such as positive behaviour support and distraction or diffusion strategies were used.

Staff received regular training in areas essential to the effective running of the service such as fire safety, first aid, infection control and food hygiene. A training planner identified when training was due and when it should be refreshed. Additional training had been delivered which helped staff support people, including diabetes, epilepsy, autism and Prader Willi awareness. Prader Willi is a condition that causes a wide range of issues. These may include a constant desire to eat food, driven by a permanent feeling of hunger and can easily lead to dangerous weight gain. All staff had received training to support people with behaviour that challenged. Most staff had received intervention and restraint training, training for remaining staff was booked to take place. Staff told us the training was good quality and they felt confident to do their job properly. One member of staff told us, “The training I have received has been very good”. Another member of staff commented, “There are plenty of opportunities for training, I’ve enjoyed it, it’s helped me to feel more confident when I support people”.

Supervision of staff took place every eight weeks and appraisals annually, these are formal meetings between staff and the registered manager. Supervisions covered achievements, training and individual actions or targets for staff. They gave staff the opportunity to raise any concerns about working practices and focussed on ideas to progress individual development of staff. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. Supervision processes linked to staff performance and attendance and, where needed, led to disciplinary action. A comprehensive induction programme and on going training ensured staff had the skills and knowledge to effectively meet people’s needs. The provider was aware of the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life and had introduced these for the induction of new staff.

People had individual communication plans in place. These helped to ensure effective understanding between people and staff. Where needed, this included information about facial expressions, body language and gestures as well as other indicators such as people’s general demeanour and what any changes may indicate. For example, how people may appear and react if they experienced pain, anxiety or were becoming frustrated. Staff were aware of people’s communication needs and



## Is the service effective?

used them effectively. Communication aids such as pictorial prompts and objects of reference were available for one person if needed, but we saw the person generally communicated verbally and was able to understand and respond to verbal communication by staff.

People had adequate food and drink. The meals served during our inspection looked appetising. People finished their meals and told us they had enjoyed them. Staff were aware of people's food preferences, their specific dietary requirements and the risks of over eating associated with Prader Willie Syndrome. The staff held a weekly healthy eating activity, where people were supported to prepare meals. Some of the fruit and vegetables used were grown in the garden. Hens and ducks in enclosures in the garden provided fresh eggs.

People were supported to maintain good health and received on going healthcare. People were registered with the local GP and had access to other health care services and professionals as required. Where specialist advice was needed, for example about diet, diabetes and epilepsy, we found that referrals had taken place and the advice received was followed. Health action plans were based upon individual needs and included dates for medical appointments, medicine reviews and annual health checks.

Staff communication was effective. Handover sheets ensured key information was passed between staff, such as GP appointments and the care and support delivered. Handover sheets were signed by incoming and outgoing team leaders who ensured key messages were communicated to staff.



# Is the service caring?

## Our findings

People were supported with kindness and compassion. People told us they liked the staff who supported them and found them comforting and reassuring. Everyone thought they were well cared for. One person told us, “I think this place is first class”, another person commented, “The staff never give up, that’s how I know they care about us.” One person said, “I’m as happy as a sand boy.” People told us they were treated respectfully and with dignity. They felt their individuality was recognised and their independence was actively promoted. One person said, “I think the staff are very fair.”

Interactions between people and staff were positive, respectful and often made with shared humour. The atmosphere was light, calm and friendly. When staff supported people, they responded promptly to any requests for assistance. Staff spoke with people in appropriate tones and were friendly and unhurried in their approach, giving people time to process information and communicate their responses. Staff were aware that different people responded to different styles of verbal communication and were consistent in the ways they spoke them. For example, short sentences helped some people understand what to do, where as other people preferred a more conversational approach or needed reminding about other people’s personal space.

We observed many examples of positive interactions between staff and people, with staff showing respect and kindness towards the people they were supporting. Staff spoke respectfully and kindly about people between themselves when discussing how people’s days were going and during staff handover meetings.

People were consulted with and encouraged to make decisions about their care. One person told us this helped them to feel valued because they were listened to. They told us, “We talk things through and it helps me to decide what suits me best. I like that”. People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. People were able to choose where they spent their time. During the inspection people moved around the house as they wanted. There were several areas where people could spend time, such as the garden, the lounge or their own room. Bedrooms were individual and people felt they suited their tastes and needs. One person had a pet rabbit that lived in the garden,

which staff helped them to care for. Where it was not possible for family members to support people making decisions about their daily lives, we saw independent advocates were appointed to support them.

People’s independence was maintained. People talked about choosing meals they liked to have, planning menus, helping to cook and choose food shopping. People were involved in household chores; there was pictorial information and a rota to remind people what they were doing. This included a house day where people helped clean their room and do their laundry. During the inspection people undertook their chores, such as washing their clothes. People felt staff encouraged them to maintain their independence and daily living skills.

Each person had a detailed pen picture. This included the most important things about them, the most important things to them and the most important areas where they required support. This provided detailed information for staff and helped to ensure staff were aware of these needs. Staff were knowledgeable about people’s life experiences and spoke with us about people’s different personalities. They knew what people liked and didn’t like. Staff told us they had got to know people well by spending time with them and, where possible their relatives, as well as by reading people’s care records.

People said they had their privacy and dignity respected. Several people told us, “They knock on my door and wait to come in.” People were dressed in clothes of their choice; they told us they felt clean and well cared for. Staff and the registered manager confirmed that the importance of dignity and respect for people was emphasised to all staff from “Day one”.

Care records were stored in a locked cabinet when not in use. Information was kept confidentially. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to underpin this.

Although we did not see any visitors during our inspection, people told us and recent surveys confirmed that their friends and family were welcomed and could visit at any time. Some people told us that staff supported them to travel to see their family and they had regular telephone contact.

The registered manager told us about how one person had taken part in a concert and that they arranged for their relative to see the show, including transport and



## Is the service caring?

accommodation for the relative. Staff told us how they continued to take another person out on regular outings, since their close family member they used to visit had

passed away. People had been supported to go on holidays they had chosen. We saw that staff had put photographs of the holidays into albums which people enjoyed showing us and telling us about.



# Is the service responsive?

## Our findings

People told us they received care and support specific to their needs. They felt staff knew what they liked and which activities, interests and subjects of discussion were important to them. People had regular activities and outings, some people felt they especially benefitted from social clubs and events held locally. They told us this gave them an opportunity to see old friends, make new friends as well as learning and practicing life skills which some people told us helped them to feel more confident. This helped to ensure that people did not feel socially isolated. Some people had clear ideas about what they wanted to do. They told us about being out and about, enjoying visiting friends and family, holidays, cycling, day trips out and going into town. We saw that the service had two cars available to help facilitate with activities.

Although people felt the service was responsive to their needs, we found some examples of practice which were not. For example, goal setting is an effective way to increase motivation and enable people to create the changes they may desire. It also introduces structure and a way of helping people manage and meet their expectations. We looked at how people's goals and aspirations were recorded and reviewed and how this linked to activity planning, development of learning and exploring new activities and challenges. The records we looked at showed that reviews of goals were not well developed, they often did not refer to future goals or map any actions needed to meet those goals. For example, people had spoken about the possibility of moving to a different service, buying new equipment for playing music and new activities. We found few current goal plans in place and, of those looked at, the most recent reviews did not reflect previous reviews to track progress or inform whether goals remained relevant or if changes needed to be made. When we looked at individual activity planners, some had not been updated for over a year and where care plans identified pictorial communication prompts to be of benefit, the relevant activity plans were not presented in this way.

Care and treatment was not planned with a view to achieving agreed goals. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some care plans and associated documentation had been written in an easy to read format to assist people when discussing their care needs. Each person had a care plan which included information on maintaining their health, daily routines and personal care. The care plans set out what their care needs were and how people wanted them to be met. The plans contained detailed and specific information, including information from health and social care professionals where necessary. For example, we saw that there were comprehensive behaviour support plans and risk assessments about the support people needed when they became distressed and challenging towards staff or others.

Discussion with the registered manager confirmed the service involved family members when drawing up care plans and support strategies. This helped to ensure consistency and best practice. We saw this was in progress for a person who had recently moved to the home. Some care plans contained information about particular conditions, this help staff to understand associated traits and possible behavioural responses.

People had monthly key worker reviews about their care and support. A key worker is a specific member of staff who works closely with people to help ensure their needs are met. This included discussions about health issues and appointments, activities and any contact with family and friends. In addition people told us they had an annual review meeting with their social worker, their family or an advocate and staff. Each person had a day book which reflected what they had done, their mood and events of importance. We saw that some people had added positive comments to their day book, recording what they thought of their day, or signed them in agreement of what staff had written.

The service's complaints and compliments policy was available in pictorial form. The registered manager confirmed that there were no complaints at the time of our inspection. Staff clearly explained how they would support people to make a complaint if the need arose. People did not raise any concerns and told us they were certain any complaint they may need to raise would be taken seriously and looked at properly. Staff and the registered manager confirmed they welcomed people's views about the service and surveys of people, relatives and visiting professionals took place annually to facilitate this.



# Is the service well-led?

## Our findings

Staff were positive about the registered manager, describing them as “Approachable and supportive.” People were involved in developing the service and staff encouraged people’s suggestions and ideas. Examples included taking part in meetings where things like decoration, improvements to the home, holidays, activities and food choices were decided. However, we found some areas in how the service was managed which required improvement.

The registered manager undertook regular checks of the home to make sure it was safe and remained serviceable. However, it was apparent that maintenance arrangements had not kept pace with rates of wear. Audits of the home included areas such as infection control, medicine management and care plan quality. Checks had not identified that people’s goals and aspirations were not well managed, that some medication practices did not support safe administration or staff deployment concerns. In addition, incidents warranting notification to the local authority had not been made. The registered manager checks were supported by open communication and frequent provider visits. However, the concerns identified illustrated that the quality assurance measures currently in place were not fully effective.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it. These are referred to as statutory notifications. This includes when an application is made under Deprivation of Liberty Safeguards to local authorities where restrictions may be needed to help keep people safe. Registered managers must also notify us about the result of the applications. A statutory notification informing us about an application and decision had not been made.

The registered person had not notified the Commission of events which they had a statutory obligation to do so. This is a breach of Regulation 4(A)(a) of the Care Quality Commission (Registration) Regulations 2009.

Policy and procedure information was available within the home and, in discussion; staff knew where to access this information and told us they were kept informed if changes were made. However, when we reviewed the policies we found most had not been updated to reference the 2014 Health and Social Care Regulations. We have identified this as an area that required improvement.

The service had a clear commitment to the people they supported and a published philosophy. This was, ‘At Cranmore, we believe in the inherent value of every individual and that everyone should have the same rights and opportunities. We can assist clients to living a fulfilling life through the achievement of their rights, independence, choice and inclusion within society.’ The registered manager told us that the values and commitment of the home were embedded in the expected behaviours of staff and were discussed with staff during team meetings and linked to supervisions and annual appraisals. Staff told us the values and behaviours included treating people as individuals, being respectful, teamwork and supporting people to live a fulfilled life. Staff recognised and understood the values of the service and could see how their behaviour and engagement with people affected their experiences living at the home. We saw examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

People had completed quality assurance questionnaires to give feedback about the services provided, which were positive. Where people had made suggestions for improvement, for example, more games for in the garden, these had been purchased. Other feedback included responses to surveys from people’s relatives and care professionals. Again the responses received were positive.

There was an open culture within the service that encouraged people and staff to express their views through service user or staff meetings. People were given opportunities to comment about the service and their personal experiences through these meetings, and people confirmed they used these to raise issues or comment about aspects of the service such as menu planning.



## Is the service well-led?

Staff told us that and records confirmed that they attended regular staff meetings and felt the culture within the service was supportive and enabled them to feel able to raise issues and comment about the service or work practices.

They said they felt confident about raising any issues of concern around practices within the home and felt their confidentiality would be maintained and protected by the registered manager.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure that at all times there were sufficient numbers of suitably skilled and qualified staff. Regulation 18 (1)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People were not protected from the risk of abuse because systems and process were not operated effectively. Incidents warranting referrals were not made to the Local Authority Safeguarding body. Regulation 13(1)(2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had not taken steps to ensure that care and treatment was provided in a safe way for service users including the proper and safe management of medicines. Regulation 12 (1)(2)(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered person had not ensured that the premises was properly maintained. Regulation 15 (1)(e)

### Regulated activity

### Regulation



This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not ensured that everything reasonably practicable to ensure that care and treatment appropriate met people's needs and reflects their personal preferences with a view to achieving agreed goals. Regulation 9(1)(a)(b)(c)

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to assess and improve the quality and safety of the services provided and mitigate risks. Regulation 17 (1)(2)(a)(b)

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The registered person had not notified the Commission of requests to a supervisory body for standard authorisations under the Mental Capacity Act 2005. Regulation 18 (4A)(a)