

## Anchor Hanover Group

# Cranlea

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cranlea is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 39 people in one large adapted building.

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

People and relatives we spoke with were very happy with the support they received from staff. Staff were kind and caring with people and treated them with dignity and respect. People praised staff for their caring attitude towards them, comments included, "Staff here are top notch" and "They (the staff) are second to none really, smashing all of them."

People were engaged socially and with activities throughout the day. Staff ensured people's needs were met and carried out regular reviews. People had their needs fully assessed. Care plans were detailed and helped staff to deliver person-centred care.

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.

The premises were nicely decorated and were safe for people living at the home. Medicines were managed safely and administered inline with national best practice. Risks people may face had been fully assessed, mitigated and steps were in place for staff to follow to keep people safe.

The registered manager had worked to improve the service and regularly asked for feedback from staff, people, relatives and visitors to find new ways to develop the service. There was a robust quality assurance system in place to monitor and improve the care provided.

Staff were provided with on-going training to make sure they had the knowledge and skills to deliver a high standard of care. New staff were safely recruited and provided with an induction. The registered manager and deputy manager carried out regular supervisions with staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 01 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cranlea

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that the provider sends to CQC with key information about the service, what improvements they have planned and what the service does well. We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who

commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with 10 people who used the service, three relatives and seven members of staff including the registered manager. We reviewed the care records for three people, medicine records for three people and the recruitment records for three members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to help keep people safe. Information was available for people and relatives to access if they felt someone was at risk of abuse.
- Staff had received training around identifying abuse and could tell us what action they would take. A staff member told us, "I'd report any abuse to [registered manager] and if I couldn't raise it with him, we've got the number for the council."

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

- People had personalised risk assessments in place which provide staff with guidance to keep people safe. For example, there were risk assessments for choking, falls and making hot drinks independently.
- The premises were safe and were regularly monitored by the registered manager. One person said, "I feel safe and secure here."
- Accidents and incidents continued to be fully investigated and outcomes were shared with people. Incidents were analysed and used to improve the quality of care provided. Lessons learned from incidents were shared with staff.

Staffing and recruitment

- Staff continued to be safely recruited. All necessary pre-employment checks were carried out by the provider.
- There was enough staff to safely support people. A relative commented, "I feel it is safe here for my family member. There is help 24 hours a day if they need it."

Using medicines safely

- Medicines were safely managed. Staff had regular checks to make sure they were competent to administer medicines to people.
- Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. People did not have any concerns relating to their medicines. One person commented, "I get my medication 3 times a day."
- Relatives told us they were involved in reviews of people's medicines with the GP. One relative said, "Yes I am involved and aware of what my family member takes."

Preventing and controlling infection

- The premises were clean and tidy. Staff had access to aprons and gloves for use when supporting people.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Initial assessments were completed by staff with people which covered their physical, social and emotional needs and personal choices. Information from assessments was used to create personalised care plans for people.
- People, staff and relatives worked together to create individual care plans and carry out reviews. One staff member told us, "It's nice to have them there [relatives] as they know the resident well and what they used to like to do."
- Staff were provided with regular updates from the provider around legislation. The registered manager made sure all staff were fully up to date with training and changes to guidance or legislation.

Staff support: induction, training, skills and experience

- Staff received regular refresher training and supervisions.
- New staff received an induction from the provider and shadowing sessions to make sure they were confident and had the correct skills to deliver care to people.

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

- People were provided with a varied choice for meals. Staff presented people with 'show plates' at meal times to allow them to decide what they wanted to eat. One person said, "The food is ok. We usually get a choice."
- Some people required support with their meals and staff did this discretely. Where people were at risk of malnutrition, referrals had been made to the GP and dietician.
- People were encouraged to eat in the dining room to help increase their social inclusion.

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

- Care plans and risk assessment showed involvement and guidance from other healthcare professionals. For example, one person's nutrition and hydration care plan included advice from the dietician and the GP.
- People were supported to access other healthcare services with the support of staff. One person's record showed regular visits from the optician and dentist. People were supported to attend appointments at the hospital by staff.

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

- The service was appropriately decorated and was spacious to allow for easy access. There was pictorial signage around the home to help people easily identify where certain rooms were, for example the toilet



and dining room.

- The second floor was currently being redecorated to allow for a more dementia friendly environment, this included contrasting doors and handrails.
- People could access an enclosed garden at the rear of the home.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had submitted DoLS applications to the local authority in line with legal requirements.
- Some people lacked capacity to make certain decisions, and in these situations we saw decisions being made in people's best interest with involvement from the GP and relatives. A member of staff said, "You have to check if resident's have capacity, sometimes families will come in to help them make their choices. We talk through it as a group."
- Staff were observed asking for consent before support people.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people well and were caring. People and their relatives were very positive about the support provided by staff. One person said, "Staff are very pleasant and helpful, will always help if you need anything."
- Staff knew people well and genuinely cared for them. A member of staff told us, "We are a big family, us and the residents together." During the inspection we saw staff providing emotional support to people. People were reassured by staff and were observed to be happy in their company.
- Relatives were welcomed into the home by staff and were positive about their approach to people. One relative commented, "I feel the staff are super. My family member loves them."
- Equality and diversity policies were in place at the home so that everyone was treated as an individual. People and staff respected people's differences.

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

- People were provided with choice around their care. People were asked what they wanted for support from staff. Assessments and reviews showed involvement from staff, relatives and people.
- The service promoted advocacy and there was information available for people and relatives to access these services. Advocacy services are used to support people to express their views and choices when they may not be able to fully do this themselves.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care plans included tasks people could do for themselves with the support or supervision from staff. For example, some people liked to make their own hot drinks in the kitchen area. One staff member said, "Some [people] don't need help with cleaning their teeth or brushing their hair but we encourage them, so they remember."
- Staff were respectful of people's privacy and dignity. People commented that staff always closed the door and curtains whilst delivering personal care, and asked permission to support them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were person-centred and reflected the individual. Staff could easily follow the steps needed to support people. One member of staff said, "Care plans explain what we have to do. They tell us everything."
- Staff knew people's likes and dislikes. Care plan detailed people's preferences. For example, if people preferred baths or showers and tea or coffee.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of AIS and could tell us different ways they communicated with people. A staff member described how they supported people with hearing difficulties, "If someone can't hear me properly I talk slowly and go down to their level."
- Communication needs were fully assessed and detailed in care records. Care plans included advice from opticians and the dentist to support people with their communication needs.

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

- People could participate in meaningful activities within the home. We received mixed reviews about the activities offered. People commented, "I would like more activities to join in with. It gets a bit boring in here," and, "I feel there is enough activities and I join in with whatever they do."
- Staff reduced the risk of people being socially isolated. Staff chatted with people during the day and encouraged people to interact with each other to increase their social inclusion. People could access activities in the local community if they wanted to, for example the local church.
- Relatives were engaged in increasing people's social inclusion. Relative and people worked together to maintain the garden area and provided garden ornaments to make the environment welcoming and enjoyable.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place at the home. People and their relatives knew how to make a complaint. One person said, "I am happy here. No complaints."
- The registered manager investigated all concerns and complaints inline with the policy and shared outcomes with people, relatives and staff. Complaints were analysed to help the service improve.

#### End of life care and support

- At the time of inspection no one was receiving end of life care and support from staff. Staff had received training around this.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were positive about working at the service and we observed a good rapport between the team. A staff member said, "I love it here. I Wouldn't dream of going anywhere else. I Wouldn't want to work anywhere else."
- People were complementary about the staff and the registered manager. One person told us, "I feel it is well-led. It [the service] runs well, staff are lovely."
- The registered manager had created an open and honest culture within the service. A relative commented, "If I ever needed to speak to the manager here about anything, I would feel comfortable doing so. I feel they are approachable, and the service is well led."

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

- If things did go wrong apologies were given to people and relatives. Any incidents were fully investigated and used as learning for the service to help them improve.

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

- The registered manager was fully aware of their legal responsibilities and was working to improve the service as much as possible.
- There was a robust quality and assurance system in place to monitor the quality of care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were asked for their feedback about the service, and any suggestions they had were listened to and acted upon. A relative said, "I always speak my mind with staff and Management especially at meetings. I have had a few issues and I have voiced them with the Manager and staff, and they have always sorted it."
- Staff were asked for feedback about the service during team meetings and supervisions. One staff member commented, "I get asked for my opinions all the time on things and I wouldn't wait to be asked anyway. We can talk anything to [registered manager]. He listens and tries to help. He cares though about us and them [people]. That's important to me."
- Feedback and results from audits, lessons learned from incidents and trend analysis were used to create

improvement plans by the registered manager

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay happy and as independent as possible.
- Staff worked with the local community, for example the local church, to help improve the overall well-being of people living at the home.