

# Heathcotes Care Limited

# Cranbourne House

## Inspection report

25 Cranbourne Road  
Bradford  
BD9 6BH

Tel: 01274481307

Date of inspection visit:  
14 June 2023  
26 June 2023

Date of publication:  
18 September 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Cranbourne House is a residential care home providing accommodation and personal care to up to 8 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 5 people using the service.

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

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

#### Right Support:

Risk management when people were expressing distress or agitation was unreliable. Staff were inconsistent when recording and reporting incidents and concerns. Managers investigated incidents which were appropriately recorded but this was not always done quickly enough. These shortfalls had not been picked up through the provider's governance arrangements.

Systems for learning lessons were in place but unreliable practice meant some events were not analysed and lessons were not always learned.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to engage in person-centred activities.

#### Right Care:

Care plans were comprehensive and reflected people's individual needs.

People were relaxed in the company of staff and interactions were mostly positive. One incident of concern occurred which was dealt with by the management team promptly and appropriately.

The service worked effectively with external stakeholders. The management team and staff understood the importance and benefits of working alongside other professionals.

#### Right Culture:

The service promoted person-centred care involving people who used the service and their families.

Staff felt well supported in their role and had opportunities to share their views.

The provider had a range of systems and processes to monitor the quality of the service and drive improvements.

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 and update

The last rating for this service was requires improvement (published 4 January 2021) and there was a breach of regulation relating to infection prevention and control measures. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation relating to infection prevention and control measures.

The service remains rated requires improvement. This service has been rated requires improvement for the second consecutive inspection.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection carried out on 24 July 2019 to calculate the overall rating. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cranbourne House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to how the management of risks to people and governance arrangements at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good and will work with the local authority to monitor progress.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cranbourne House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors 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

Cranbourne House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cranbourne House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spent time in communal areas observing the care and support provided by staff. We spoke with 4 people who used the service, 3 relatives via the telephone and 10 members of staff including support workers, team leader, registered manager, operations manager, quality lead and regional director.

We reviewed a range of records. This included 3 people's care records and medicine records. We reviewed 3 staff recruitment files and a variety of records relating to the management of the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- The management of risk when people were expressing distress or agitation was unreliable. There was a limited use of systems for managing, recording, and reporting incidents and concerns. Staff were inconsistent in how they recorded events.
- Managers investigated incidents which were recorded on incident report forms, but this was not always done quickly enough. Managers did not always investigate incidents that were recorded on other records such as daily notes and handovers. This meant safety concerns might not be identified and addressed.
- Systems for learning lessons were in place but unreliable practice at the service meant some events were not analysed and lessons were not always learned.

Incidents that affected the safety and welfare of people using the service were not always reviewed and monitored which meant the provider did not do all that was reasonably practicable to mitigate risks. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to the inspection findings and sent information to show they were taking action to address all areas of risk identified at the inspection.

- The service shared examples where they had carried out robust investigations and had shared lessons learned with the whole team.
- Risks associated with people's care were person-centred and regularly reviewed. Assessments were comprehensive and focused on positive risk taking.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

### Preventing and controlling infection

At our last inspection the service did not have adequate infection prevention and control measures in place. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1)(2).

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider's approach to visiting met government guidance. During the inspection relatives told us they were welcomed to the home.

### Staffing and recruitment

- The service had enough competent staff to meet people's needs. A system was in place to ensure people received the appropriate staffing support.
- Feedback about staff was generally positive although some concerns were raised about the high turnover. One person said, "They are good staff, they make my tea, they are kind to me and nice." Another person said, "Staff help me find what I want to watch on TV. Staff are very nice." A relative said, "Some care staff will have fun with [name of person], but others are less inclined to join in. There are a lot of new staff in post."
- Staff were recruited safely. The provider carried out appropriate checks to make sure staff were suitable before they started working at the service.

### Using medicines safely

- Medicines were usually administered safely. Staff followed effective systems when ordering, dispensing and recording medicines. Accurate medication administration records were kept.
- People usually received the correct medicines at the right time. However, we saw staff did not always leave the recommended gap between the administration of doses of pain relief. As soon as we brought this to the attention of the registered manager, they took immediate steps to address the issues and assured us that going forward the process would be safe.
- People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing.
- The service had guidance to support the administration of 'when required' medicines.
- Medicines were stored securely and within safe temperature ranges.



- Staff were trained, and their competency was assessed to make sure they understood how to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good awareness of abuse and knew what to do to protect people. They were confident any concerns would be dealt with promptly and effectively.
- Information around safeguarding was displayed in the service so everyone understood safeguarding and reporting procedures.
- People told us they felt safe. One person said, "I love it, I come up to my bedroom when I want, I feel safe." A relative said, "Yes, I think [name of person] is safe, there are some wonderful care staff, if I had any concerns, I would speak with [name of registered manager]. He is very good."

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were not always reliable. The service provided care to people with complex needs but the systems to capture, monitor and manage risks when people were expressing distress or agitation were not effective. These shortfalls were not always identified and addressed through the provider's governance arrangements.
- Record keeping did not always support high quality care and was inconsistent. For example, the service used charts to monitor people's behaviour, but these were completed inconsistently and those filled in were not always reviewed.
- Staff sometimes used inappropriate wording in care records to describe people such as 'messaging around' and 'awkward'. We discussed the wording used by staff with the provider who took action and discussed this with the staff team.
- Training records showed some refresher training such as positive behaviour support was overdue.

The provider did not ensure robust systems and processes were in place to assess, monitor and mitigate all risks relating to the health, safety and welfare of people who used the service. This was a breach of regulation 17 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to the inspection findings and sent information to show they were taking action to address all areas of risk identified at the inspection. They told us they will be transitioning on to electronic care planning and reporting system which will improve further monitoring and oversight of incidents and events.

- The provider had quality assurance processes which showed they monitored and managed many aspects of the service well. They shared a range of audits and checks which were robust and covered areas such as medication, nutrition and money. These had picked up where the service achieved the desired outcome and areas to develop.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they enjoyed living at Cranbourne House and shared positive experiences. One person told

us they had recently been shopping with staff to purchase new clothes and said, "I love it." Another person told us they really liked the meals and their room and said, "It is very nice here." We saw people were relaxed in the company of staff and interactions were mostly positive. One incident of concern occurred which was dealt with by the management team promptly and appropriately.

- Leadership promoted person-centred care. Care plans were comprehensive and provided good information about people's preferences. People were enabled to carry out person-centred activities.
- The registered manager was knowledgeable about the service. Feedback about the registered manager was consistently positive. One relative said, "I speak with the manager and feel he listens to me." A member of staff said, "[Name of registered manager] is caring towards everyone." The registered manager had a role which involved covering other services. The provider has recently recruited a new manager for Cranbourne House who would be based at the service on a full-time basis.
- Staff felt supported in their role. They told us good systems were in place to share views which included regular individual and team and meetings.
- Relatives were confident people received good care and felt involved although some felt there could be more opportunities to provide feedback about the service.

Working in partnership with others; 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

- The service worked effectively with external stakeholders. The management team and staff understood the importance and benefits of working alongside other professionals.
- Care records showed staff contacted other professionals when they had concerns about people's health and welfare.
- The registered manager was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people in relation to their care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not do all that was reasonably practicable to mitigate risks to the health and safety of people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not ensure robust systems and processes were in place to assess, monitor and mitigate all risks relating to the health, safety and welfare of people who used the service.