

Anchor Trust

Cranlea

Inspection report

1 Kingston Park Avenue
Kingston Park
Newcastle upon Tyne
NE3 2HB
Website: www.anchor.org.uk

Date of inspection visit: 22 and 23 July 2014
Date of publication: 17/12/2014

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?

Outstanding 

Is the service well-led?

Good 

Overall summary

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 2012, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection carried out on 22 and 23 July 2014. Prior to this we last visited the service in August 2013, where we found the service was meeting all regulations inspected.

Cranlea provides personal care for up to 39 older people and people living with dementia. At the time of our inspection there were 35 people living at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People told us they felt safe living at Cranlea. The staff members we spoke to were knowledgeable about the safeguarding procedures and could talk us through examples of abuse and what to look out for and how they would report it.

The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had completed an assessment tool to assess who would require a DoLS application in accordance with the new guidelines and was working with the local authority to process these.

We looked at the recruitment files for three staff and noted all appropriate checks were completed prior to staff starting work. Staff told us they received sufficient training for their role. We saw regular staff supervisions and team meetings were in place. The registered provider was in the process of rolling out a new appraisal system.

We spent time observing the dining experience and saw, where required, people were assisted during meal times by staff. We saw people were offered choices and those that did not want the prepared meals were able to specify what they wanted. People we spoke to told us the food was always nice.

Everyone we spoke to told us they had experienced positive care and support they received at Cranlea. We observed positive interactions between staff and people and that there was a very communal feel and a lot of activities were organised if people wanted to get involved.

We noted the service employed an engagement co-ordinator and a wide variety of activities were available to people on a daily basis, both in and out of the home. We saw that the home participated in a number of external pilots and projects, one of which looked at how engagement opportunities could help people with dementia.

People told us they were aware of how to raise a complaint. Staff told us they recorded all areas of concern identified no matter how small. We saw that all complaints were recorded in the complaints log. Details of the action taken and outcome were also included with a copy of investigation notes and written response where applicable.

All staff we spoke to told us the registered manager was approachable and they felt the home had a clear staffing structure. All staff members spoke very highly of the management team and told us they felt well supported in their role.

We saw there were extensive audits and observations conducted on a regular basis by all levels of management to check the quality of the service that was provided. The registered manager told us an action plan was produced for any areas of development and we saw that this had a priority key, so it was clear to see what needed to be actioned first. The team leaders and care manager told us how they appreciated being involved in the audit process.

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 told us they felt safe living at Cranlea and that there were enough staff working at the service.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had completed an assessment of who required a DoLS application following the Supreme Court judgement and recent changes.

All the staff we spoke to were knowledgeable about safeguarding procedures and could explain types of abuse and what they would look out for.

Good



Is the service effective?

The service was effective. During our inspection we spent time observing the lunch time meal, we noted everyone was offered choices and were supported where required.

People and their relatives were complimentary about the staff and their skills. Staff we spoke to were positive about the training they received and told us they received supervision every six weeks and had regular supervision.

The registered manager told us the registered provider was in the process of rolling out a new appraisal system and they were currently in the process of training all management staff.

Good



Is the service caring?

The service was caring. Everyone we spoke to during our inspection told us they were happy living at the home and were positive about the care they received.

We observed staff had built good relationships with people living at the home and they had a good rapport with each individual. Staff we spoke to were knowledgeable about people's needs.

Relatives told us, and we saw, staff promoted people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. People and relatives told us staff responded appropriately to people's needs. Relatives discussed with us situations where they had provided feedback and the staff had responded quickly and made changes.

Outstanding



Summary of findings

We saw a wide variety of activities were organised by the home. The home employed an engagement co-ordinator who had worked with a number of external agencies such as the big lottery fund and equal arts to provide different ways to engage people.

People told us they would be confident to raise any concerns. Staff we spoke to told us they recorded any minor concerns as they felt it was better to change things before they escalated.

Is the service well-led?

The service was well-led. All staff we spoke to were positive about the managers and the support they received. We noted there was a positive atmosphere throughout the home and staff told us they worked well as a team.

We saw there was a high volume of recorded observations and audits completed on a regular basis. These were completed by the registered manager, care manager and team leaders. The team leaders we spoke to told us they appreciated how they were involved in checking the quality of the service.

Good



Cranlea

Detailed findings

Background to this inspection

The inspection consisted of an adult social care 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.

Before the inspection, we reviewed the information we held about the home and contacted the local authority commissioning and safeguarding teams. The registered provider completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived at Cranlea. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke to 11 people who were living at Cranlea, six relatives, seven care staff, the registered manager and the care manager who supports the registered manager on a daily basis.

We looked at four people's care records, three recruitment files and the training matrix as well as records relating to the management of the service. We looked around the building and spent time in the communal areas.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt Safe at Cranlea. One person said, “Yes it’s really safe here.” Another person said, “Oh yes, I feel really safe here.” All staff we spoke to were knowledgeable about what they would do if they suspected abuse. Staff told us if they had any concerns they would go to the care manager or the registered manager. We saw the safeguarding policy and procedure were available for staff to access, as were the telephone numbers for the local safeguarding authority.

We looked at the safeguarding log and saw that where safeguarding incidents had occurred, the registered manager and care manager had ensured that all relative parties were involved and any immediate action needed was undertaken and documented.

The registered manager, care manager and team leaders had a clear understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). CQC monitors the operation of the DoLS. DoLS are part of the MCA. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us they were aware of the recent changes in relation to DoLS and they were working with the Local Authority and Best Interest Assessors on the process of submitting applications. A Best Interest Assessor’s role is to assess whether someone is deprived of their liberty and if so, whether this is in their best interests. In the meantime, the service had worked on an initial assessment as to how many people the recent changes would impact.

Where people did not have the capacity to make complex decisions, the registered manager was able to explain the process they followed to ensuring best interest meetings were held involving relatives and other health and social care professionals. The registered manager told us the care

manager and team leaders completed MCA assessments for everyone who was specifically highlighted as needing one and records were held in each person’s care plan. We saw evidence of this in the care records we reviewed.

There were detailed risk assessments in the care records which showed how staff would manage any individual risks whilst keeping people safe. We saw individual assessments had been completed depending upon people’s requirements and preferences. For example, we saw one person liked to have an alcoholic drink on an evening; therefore a risk assessment had been completed to support them with their alcohol intake.

People and their relatives told us they thought there were sufficient staff. We spoke to the staff who told us a lot of the people who lived at Cranlea attended the activities and events that were arranged by the engagement co-ordinator. Staff told us during this time they had the opportunity to spend more quality time with people who preferred to stay in their rooms. The registered manager told us she had arranged for all the staff to be dual trained so they could make better use of their resources. For example, the kitchen assistant could also work shifts as a domestic if required. We spoke to one domestic member of staff who told us they received all the same training as care staff, including dementia training and moving and handling. This meant they could assist in the event of an emergency but also support the service if staffing numbers were low.

We looked at three staff recruitment files. The registered manager told us a Disclosure and Barring Service (DBS); previously known as CRB check was always carried out before staff started work. This check helps providers to make sure staff are suitable to work with vulnerable people. We saw that two written employment checks had been carried out before each staff member started work.

Is the service effective?

Our findings

On the day of our inspection the weather was very warm, we saw staff were regularly offering people refreshments and encouraging them to drink more fluids. On arrival, we saw a number of people were sat out in the garden. We noticed that jugs of water and juice were in the shade but closely available and regularly offered by staff for those who could not help themselves. We saw some people had small bowls of cold grapes. One staff member said, "It's important that people have lots to drink when the weather is like this, we don't want people getting dehydrated."

We saw that the weekly food menu was advertised in the corridor outside of the kitchen. We noted there were always two choices available at each meal time. We saw where possible a number of options were available, for example on the day of our inspection, the lunch time meal was meatballs or fried chicken, with boiled or creamed potatoes. Swede and mixed vegetables were also available with all options. Staff told us there were two meals prepared but if people didn't like either or wanted something else they could always request an alternative and the kitchen staff would prepare it. We noted in large bold writing at the bottom of the weekly menu, it said, "Alternative meal choices are always available."

We observed the lunch time meal in the home and saw that people were supported with eating where required. We noticed that staff discretely asked people if they needed support cutting certain items if they appeared to be struggling. We saw when the meals were being served; each person was presented with both main meals for them to choose. One person said, "It's nice to be able to see what you can have, sometimes I don't know what they mean but if it looks nice I sometimes give it a go." We observed one person ask for a bit of both main meals, but in small quantities and this was arranged. We saw one person had

sandwiches rather than the options available, they said, "I've never been a one for a main meal at lunch so I have sandwiches, they asked me this morning what I would like and I picked ham."

We saw some people had adaptive equipment to help them eat, this included specialised cutlery which they could grip easier. A number of people had a plate guard in place, which stopped the food sliding off the edge of the plate. We saw with the relevant support people were able to eat independently with minimal effort.

Following on from the meal we spoke to people about the food and received all positive comments. One person said, "The meal was lovely today, but then again it always is."

Staff we spoke to told us they received support from external healthcare professionals. One staff member said, "We do get quite a lot of support. We have a few people who have got swallowing problems and the SALT (Speech and Language Therapist) team visit regularly; they give us tips on how to help people and what's best for them."

The registered manager told us the registered provider had care and dementia advisors employed in the region (11 throughout the country) who could support any of the team leaders if there were specific care issues they were struggling with. The team leaders told us they had good working relationships with the local GPs and district nurses. One team leader said, "We all work together really, whatever the residents need. The district nurses will call in any time, they are a great support."

The care manager talked us through the staff training programme. They explained the training was a combination of face to face training and eLearning. We noted the training programme included training in safe working practices, such as moving and handling and fire safety, as well as training in specific areas such as dementia, mental health awareness and tissue viability. The care manager told us that Anchor had a National Resource Learning Centre, whereby a lot of the face to face training was held. They explained this

Is the service effective?

meant training was organised sometimes on a regional and national level and staff could attend with staff from other homes to enhance the learning experience. We spoke to one staff member who said, “The training we get is really good, they don’t just do the normal courses we get extra things too. I’ve done training on diabetes and catheter care, it’s interesting, but essential too if we want to give good care.”

Staff told us they had monthly staff meetings whereby they could discuss any concerns, any individual person’s changing needs or just share experiences for the month. One staff member said, “We have a great support network, we work as a team really. We get regular training, then we get supervision from our manager, but we also have the monthly team meeting so we can talk about anything there. Sometimes it might be something about how we notice someone is deteriorating. We can put things together as a team and make sure we are offering the right care.”

We looked at staff supervision records and noted that all staff received regular staff supervision, a minimum of one every six weeks. Supervision sessions were used amongst other methods to check staff progress and provide good practice guidance. The registered manager told us that sometimes they also offered group supervisions if there was anything of importance to cover.

The organisation was in the process of rolling out a new appraisal system, therefore at the time of our inspection only the registered manager and care manager had received their yearly appraisal. The registered manager explained the team leaders’ training was booked in; this meant all care staff would receive their appraisal over the next three to six months. We spoke to staff who told us they felt support, one person said, “I’ve never been happier, it’s a great place to work, the two managers are brilliant, we really couldn’t ask for any better.” We considered that the present lack of appraisals was not having a direct impact on people’s care.

Is the service caring?

Our findings

During our time at Cranlea we saw good relationships between people who lived at the service and staff. People told us they felt well cared for. One person said, "It's lovely here, all the staff are great. I can sit with people when there are things going on, but other times I like to find somewhere quiet and read my book." Another person said, "We do lots of things together, everyone has their own ideas. They really listen to us. Everything is about what we want."

At the time of our visit the lounge was being redecorated and the carpet was being replaced. The registered manager told us people who lived at Cranlea had been involved in choosing the carpet.

One person said, "We all got to look at different pictures and samples, it was nice being able to help pick things. We agreed on a few that we liked."

One team leader we spoke to told us that people's welfare and dignity was of key importance to the staff and people who lived at the home. We were told the service had 'Dignity Champions' in post and they held a meeting on a quarterly basis to discuss ideas and people who they could support. Relatives told us they felt people were well cared for and their privacy and dignity were respected. One relative said, "They always help to make sure mam is appropriately dressed. They help her to make decisions and let her pick where she can, but she always looks smart, the way she would want to."

We observed that staff members knocked on people's doors and waited before entering. We saw that any offer of assistance, for example, with personal care or continence care was done so in a subtle and discrete way. One staff member we spoke with said, "We always try and think of how we would feel. I wouldn't want someone to announce I was going to the toilet so we wouldn't do that to people

here. If I need to prompt someone I always try and do it quietly." The registered manager told us that the home had won an internal dementia award for continence care against other homes in the region in the last year.

All staff with whom we spoke to were knowledgeable of people's needs. One staff member told us how one person always liked to have a bath on an afternoon and how another person only liked female staff to help them in or out of the bath. Another staff member told us how one person liked an evening drink and had one can of lager and one whisky at night. This showed us that people were supported to make choices about everyday decisions.

Staff told us that regular reviews were conducted with people who lived at Cranlea. They told us there were monthly and six monthly reviews, whereby people's relatives would be invited to attend. We saw there was also a template for an ad-hoc review.

The care manager told us this was used if anyone's needs changed or if any concerns were raised. They told us the template just provided them with prompts to make sure all areas were considered.

People told us they were involved in the care they received. One person said, "Oh they are always asking me if I'm happy, if there is anything I would like to change, I say no of course. They are all so lovely and they look after me well." One relative we spoke to told us how they were invited to attend reviews for their family. They said they didn't always attend as everything was going well and they knew the staff knew their relative well enough to update the records without their involvement. They said, "Obviously if it was something specific, or new, we'd attend but we don't need to attend them all, they've really got to know mam so we are happy. Plus we could always speak to them any time if there is anything we wanted to be done differently."

The registered manager told us that no one at the service had an advocate in place, however we noted there was arrangements in place to facilitate this should it be needed.



Is the service responsive?

Our findings

People told us the care they received matched their needs. One person said, “The staff know I love to read on an afternoon, I like quiet places though so they always give me hints as to where to go each day.” We saw another person was playing a keyboard in a communal area upstairs. One person said, “X always used to play in their room but we loved hearing his music so they’ve brought his keyboard outside for us. He does a little turn in an afternoon. It’s lovely.

During our inspection we saw that Cranlea employed an engagement co-ordinator who organised events and activities throughout the home. Staff told us they had worked with the big lottery fund and equal arts to provide unique experiences for people who lived at Cranlea. For example, one staff member told us how they had completed a six weeks art project to create a better outdoor environment. They told us that each weekly session available to people had been a mixture of learning for example, about growing plants and herbs, followed by arts and crafts, such as creating planters, decorating tomato pots and planting seeds. One person we spoke to said, “I decorated that tomato pot and then planted things. It’s nice to see the things that we created grow.” We saw people’s personal preferences and history were also used to engage people in the events. For example, one person told us how they used to be a painter and decorator before they retired, so when they were doing the arts and crafts, they’d helped paint a lot of the bird boxes and planters. One person we spoke to said, “I’m 87 but I feel 25. I’ve learnt so much, all the outdoor activities have been great, we’ve got to make the most of the weather.”

We spoke to staff about how they engaged people when the engagement co-ordinator was not at work. They said, “She’s really good, she produces us lists of things people have done, especially to do with the garden. For example, she wrote who had planted each thing so we could see if they wanted to water them and care for them on the

days she wasn’t in. It provides continuity.” Another staff member said, “We really like to engage people, we do lots of different activities. Even just an afternoon tea or something where people get together. We try and do things to suit people’s mood.” People told us that the home had an afternoon tea once a week. We saw this on the day of our inspection. We noted the high level of detail that had gone into the catering, there were mini sandwiches, scones and cakes available on serving trays. We saw that everyone was using china cups and saucers and music was playing in the background. One staff member said, “The afternoon tea is always so popular, we normally get over 50 percent of the residents wanting to attend, it’s a great atmosphere.” One person said, “I absolutely love the afternoon tea, we have a good old gossip, even some of the men are coming along now.”

One staff member we spoke to told us how they had worked with York University on developing people’s life history, they said, “We’ve been working on how talking about people’s life history with them can help people’s mental health.” Another staff member said, “We do a ‘share your life’ kind of experience. People can put on an exhibition or talk to others about their favourite memories. It can be about anything. It’s so interesting to hear what they value and what experiences mattered the most to them.” We spoke to the registered manager who told us York University were working on the research and were hoping to produce a white paper with the results. The registered manager said, “It’s been great to be involved and see the impact it can have. There was a write up in The Journal (a local newspaper).”

One team leader we spoke to told us about an initiative they had recently started with the Local Authority to produce a one page profile about each person living in the home. They told us it was part of the ‘Helen Sanderson’s Project’. They said the one page profile was not a care plan. It was a one page reference point about the individual and what was important to them. They said it was something which could be used as a snapshot to describe the



Is the service responsive?

person. They said, "It's been amazing how much we have learnt by pulling the documents together. We left a note pad with a page per resident at first and staff jotted things down they knew. We saw everyone had learnt different things about people. I've worked here for years and I've still learnt loads." The Team Leader told us they felt the document would help to develop more valued relationships between staff and people living at Cranlea as they could match people depending upon their preferences and interests. We were told that once all of the peoples' documents were complete the staff were keen to create something similar about themselves. One staff member said, "We've learnt so much about the residents, the staff are going to do it too, then when we have one to one time we can pair up people's likes so they can have more valuable conversations."

During the inspection, the registered manager told us how they were scheduled to have Wi-Fi (wireless internet) installed in the home the following day and they had purchased iPads. They said they had run iPad sessions with some people in the home and this had been well received so they wanted to allow people to have internet access as well. One staff member told us how one person used skype (software that allows video chat facilities over the internet) to keep in touch with their relatives who lived abroad. This meant the service was proactive and used dynamic ways to engage people.

People told us they felt involved in the home and their views were considered. One person told us how they liked to receive the 'Cranlea Post'. We

saw this was a monthly newsletter for the home, which included information on events that were scheduled for the next month as well as dates for the diary and other news.

We saw a complaints procedure was advertised throughout the home on notice boards and available in the service user guide. One staff member said, "We record everything, even if it isn't a formal complaint. We would rather catch something early than not record it and it doesn't go away." Another staff member said, "The little things can be big things if you don't act on it, we like to sort things straight away." Everyone we spoke to said they felt confident to raise any concerns. One person said, "Of course we could say something but there's never been a need."

One relative said, "I've spoken to the staff a couple of times about minor things and they instantly act on them. I know I wouldn't need to complain as they want to do so well and the respond so quickly." We saw since the last inspection, nine complaints had been recorded, but these included minor concerns which had been dealt with immediately. We saw that where appropriate, a full audit trail of action taken was available as well as a written response to the individual.

We saw that there were regular meetings for people and relatives meetings. From the minutes, we noted that these were well attended and had covered a range of areas. We saw that some relatives had fed back that the lighting was dull in one area of the home. We saw notes to say the light shade had been cleaned and a brighter bulb had been fitted.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post. They had been in post since 2011. We saw there was a clear staffing structure which included the registered manager, who was supported by a care manager. The home also employed a number of team leaders. All staff we spoke to said they felt supported by the management of the home. One staff member said, “Both the managers are absolutely brilliant, they are such a big part of the team. I think that’s why it works; they will get stuck in if it’s needed.”

One team leader we spoke to said, “I get amazing amounts of support, they are really helping me develop and they are encouraging me to progress, it’s just lovely.” Staff we spoke to said they felt they all worked together as a team. One staff member said, “It’s a lovely atmosphere, I don’t mind coming to work at all.” Another staff member said, “We are really good at communicating, throughout the shift we work as a team and update each other.”

All of the relatives we spoke to told us they thought the home had a positive atmosphere and they were happy with the way their relative was cared for. One relative said, “It’s a lovely place to visit, I’m really happy with the way [my relative] has been since she moved in.” Another relative said, “I think we don’t promote the good services like this enough. A local radio station was doing a piece on experiences of residential care and I rang and told them how amazing it was, we should promote places like this.”

One staff member told us how they received an information leaflet from the provider organisation called ‘Inspire’. They told us it was nice to get things from Anchor as it showed they were part of a bigger organisation. One staff member said, “Anchor are great, they have a customer care centre,

they really want to involve the staff.” They continued by saying, “We get a lot of internal accredited courses and they really value us. Things never feel like a tick box exercise, all of the training and support, it’s all beneficial.”

We saw that provider wide surveys were completed with both staff and people who used the service on a yearly basis. We saw that in the 2013 survey, 28 people living at the home had responded and 100 percent said they were satisfied overall with the care they received.

The care manager and registered manager talked us through the audits they completed on a regular basis. These included detailed service user audits, which looked at everything from people’s medication records, care plans, social involvement to whether things had been recorded correctly. Other audits completed included medication, hand hygiene and equipment, environment and infection control. We saw that due to the number of audits and checks covered, the registered manager had a yearly plan to show what was due and when and who completed the audits. One of the team leaders we spoke to said, “It’s nice that we get to help out with some of the monthly checks. We do staff supervision so it’s nice to be able to give real feedback on things that we’ve checked that are going well.” We saw that responsibility for the audits was shared between the team leaders, care manager and registered manager. The registered manager told us how they completed the overarching checks and this way they got to see all aspects of every part of the service.

We noted that a number of the audits included observation time as well as checking records and inspecting the home. We saw that where any improvements were identified they were detailed on an action plan and given a priority rating. We saw that following one medication audit an improvement had been made regarding timings for the staff on administering medication. Staff we spoke to told us the change had really helped them.