Anchor Trust

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

This inspection took place on the 25 and 26 April 2017 and was unannounced. This means the provider did not know we were coming.

Cranlea provides personal care for up to 39 older people and people living with dementia.

At the last inspection, the service was rated good overall. At this inspection we found the service remained good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to protect people from avoidable harm or risk. Staff received safeguarding training and were knowledgeable about their role in keeping people safe. Risks to people, staff and visitors were assessed and regularly reviewed. The service took action to minimise risks where appropriate in order to keep people safe from avoidable harm.

Robust recruitment processes were in place to ensure staff members were suitable to work with vulnerable people. Staffing levels were based on the dependency levels of people living at the home and were reviewed on a regular basis. Our observations and feedback during the inspection were that staffing levels continued to be appropriate to safely meet people's needs throughout the day and night. Recent changes to staffing to reduce falls had improved this issue.

Appropriate systems were in place for the management of people's medicines. People were encouraged to maintain their independence, for example through retaining responsibility for managing their own medicines if possible. Medicines were stored and managed correctly by staff who were trained and monitored to manage this safely.

Staff were supported through the provision of training, formal supervision and annual appraisals. Staff confirmed they felt well supported in their roles and spoke positively about the registered manager and their leadership and management of the home.

The service worked within the principles of the Mental Capacity Act 2005. People's capacity to make decisions about their care and treatment was assessed and where appropriate, "best interest" decisions were made on their behalf. These involved relevant healthcare professionals as well as people's friends and family members as appropriate.

People were very complimentary about the kind and caring nature of the staff team. Staff had developed

strong, caring relationships with the people they supported and were very knowledgeable about their individual needs, likes and dislikes.

People's needs were assessed prior to them joining the service. Detailed, person-centred care plans were produced which guided staff on how to care for people. These included details of any preferences people may have. People and their representatives were actively involved in their care planning and were also encouraged to voice their opinions about the service in general.

The services activities co-coordinator was noted for their pro-active approach. They had developed a diverse range of alternative activities such as art, music and dementia friendly activity, for groups and for individuals. We noted they were passionate and original in their work.

People's needs were reviewed on an on-going basis and action taken to obtain the input of external professionals where appropriate. Systems were in place to ensure people had sufficient to eat and drink and to access other healthcare professionals in order to maintain their health and wellbeing.

A range of systems were in place to monitor and review the quality and effectiveness of the service. Action was taken to address what areas for improvement were identified. Complaints were taken seriously and records maintained of the action taken by the service in response to any form of dissatisfaction or concern. The registered manager was seen by people, relatives and staff as an excellent leader and key to the services quality of care.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service is Good	**Good**
Is the service well-led? The service remains Good	**Good**

Cranlea

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 checked 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.

This inspection took place on the 25 and 26 April 2017 and day one was unannounced. This inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Healthwatch provided feedback prior to inspection.

During the inspection we spoke with 10 staff, nine people who used the service, three relatives and three external professionals. Observations, both formal and informal were carried out and medicines were reviewed. We used the Short Observational Framework for Inspection, (SOFI) to observe people who were not able to communicate due to a dementia related condition.

We reviewed three people's care records and medicines records, the staff training matrix, safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment, induction and training files and staff meeting minutes. We also looked at records relating to the governance, quality assurance and management of the service.

The internal and external communal areas were viewed as were the kitchen and dining areas, storage and laundry areas and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with the care and support they received from the service. One person told us, "I've only been here a few weeks but feel safe and looked after by some of the sweetest carers I have met". Relatives we spoke with also agreed the service was safe. They commented that security and access was good, and that staff checked on people throughout the day if they were cared for in their bedrooms. We observed that staff were present in communal areas with people and monitored to ensure they were safe. As staff moved around the building they interacted with people to ensure they did not need any support. We were aware one person was at risk of falls but lacked insight and often tried to mobilise unassisted. Staff discreetly observed this person and acted promptly to support them as they rose from their chair.

The staff we spoke to told us they had completed safeguarding training in how to identify and report any concerns that a person was at risk of abuse or harm. Where staff had concerns about an individual being at risk of harm they told us they would know how to take the appropriate action to protect the individual and other people who could be at risk. We saw form records that the service responded to any such concerns and took robust action if required.

We found that risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records to guide staff on the actions to take to protect individuals from harm. These were updated as people's needs changed or fluctuated and peoples support needs were clearly recorded and communicated to all staff.

The service was checked daily by staff for issues of premises safety, where issues were highlighted action was taken immediately. Staff we spoke with told us that if they found any issues these would be raised promptly and resolved quickly. Where accidents or incidents did take place these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward. We saw from the services records that immediate actions were taken after any such incident, but also that regular review of trends took place. For example we saw that after a recent review of falls, staffing deployment had been adjusted to increase activity and observations at a critical time of day. This had led to a reduction in falls in the service.

The service ensured there was suitable staffing levels throughout the day and night to meet people's needs. As people's needs changed staffing was reviewed to ensure there was appropriate support for each person. We saw that staff monitored people and responded quickly to any requests for support. Communal areas were monitored whilst people were there to check if they needed any support. People cared for in their rooms were checked and staff had time to spend with them to ensure they were not isolated. People who were at risk of falls had pressure mats or call bells to hand to alert staff if they required support. These were responded to promptly.

We looked at four staff personnel and recruitment files and found that the provider had a robust recruitment system in place. This helped to ensure only suitable people were employed to care for vulnerable adults

with complex needs. Staff we spoke with confirmed they had undertaken these checks.

We looked at the management of medicines and saw medicines were securely stored in a locked treatment room which was maintained and cleaned. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Staff who had been trained to manage medicines had their competency checked and were subject to regular audit. We observed a medicines round and saw that staff supported people to take their medicines as prescribed. People were supported to make decisions and choices about their medicines whenever possible.

Staff were provided with protective clothing and had completed training in infection control. The service was clean, odour free and decorated and furnished to a good standard.

Good

Is the service effective?

Our findings

People told us they felt the service offered was effective at meeting their needs. One person told us "I am more than happy here, the girls are all lovely, they have got to really know me well and I would trust them all." Another told us, "The meals are fantastic, the staff friendly and it's like my own home now." All the relatives we spoke with agreed the service was effective. They told us the staff had got to know their family members well and they had confidence in the service offered.

People were given choices about how they wanted to spend their time. There was a range of organised activities inside the service, and people were supported to spend time in the communal areas of the home. There was a constant level of activity in most communal areas, as well as people accessing the garden area.

Records showed that staff were subject to a consistent process of induction, ongoing supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to further develop their skills. The provider operated a care apprentice scheme. This had resulted in apprentices being offered permanent posts at the service. Staff we spoke with about this told us this helped young people into the care profession with suitable training and support in place. Staff we spoke with told us they could access day to day as well as formal supervision and advice and felt encouraged to maintain and develop their skills. Staff told us they felt the registered manager and new deputy manager were approachable for advice and support. A counselling service was also available for staff to discuss work or personal matters.

Staff regularly monitored food and drink intake to ensure all people received enough nutritious food. Records were kept and snack stations available around the building so people and visitors could access drinks and snack at any time. We observed the mealtime experience and saw that staff supported people to eat and drink when required. We saw that one person needed additional prompting and that staff took time and patience to encourage this person to eat well. Where people needed support around maintaining a healthy weight, fortified foods were provided and referrals made for external advice.

People were supported to access other healthcare services in order to maintain good health. Health care needs were met through people's GP and the district nurses if any treatment was required. Other external health care professionals were accessed for example the behaviour support and speech and language therapist. People also had access to dental treatment, chiropody and optical services. There was evidence in records and from talking to staff that there was regular liaison between staff and external healthcare professionals. One external healthcare professional we spoke with commented that staff were quick to seek advice and always acted consistently to ensure people were supported when unwell.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. Records showed that the service made appropriate applications to deprive someone of their liberty. There was an effective process in place to review these and renew as necessary.

People's capacity to make decisions about their care and treatment was assessed and where appropriate "best interest" decisions were made on their behalf. Records showed these decisions involved relevant professionals as well as the person's representatives. Formal consent to care and treatment was also captured in people's records. Staff we spoke with were aware of the need to gain people's consent and explained they would respect people's wishes where they declined support.

From talking to the registered manager and their deputy they showed insight into how best to support people who lacked capacity where there may be a potential conflict of interest with a person's representative. They demonstrated knowledge of how to resolve this potential issue and following the best interest's principles.

Good

Is the service caring?

Our findings

People told us they found the staff team caring towards them. One person told us, "I have a smile on my face and the staff all smile back as well. It's a happy home here." Another person told us, "The carers here are very nice, have time to chat and listen to me." Relatives told us they found the care staff and other staff to be caring towards them and their family members. We observed care and ancillary staff interacting with people in a positive way, speaking to people and listening to them. We saw numerous smiles and heard the sounds of song and laughter throughout the inspection.

We looked at care records to see how people had been involved in decisions about their care. They showed that people were involved in making decisions about their care and treatment on an ongoing basis. Information about the service was provided to help people understand the options available to them. Peoples lifestyle, religious and personal choices were respected by the service. People were supported and encouraged to continue their preferred way of living. Staff we spoke with knew people's likes and dislikes well and were able to tell us how they supported those individualities.

Staff supported people to remain as independent as possible, for example by supporting them to have roles in the home such as laying tables for meal times. Some people took part in communal activities and others spent time alone with staff supporting them in their own rooms. People's friends or family members were encouraged to visit throughout the day and be involved in activities in the service. Telephone and other services were made available to people to assist them to stay in contact with people who were important to them. Staff were knowledgeable about people's support networks and welcomed visitors into the home.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard. The registered manager's office contained information about how to refer to specific advocacy support. Staff we spoke with were aware of advocacy services locally. In discussions with staff we saw they had an awareness of when people may need support from an advocate, for example complex medical treatment. A counselling service was also available through the service for people and their families.

Staff treated people with dignity and respect. They provided examples of how they would do this, for example by protecting people's privacy when providing personal care. We observed good practice throughout the inspection. Staff members always knocked before entering people's rooms and were discreet when speaking to people about their care and treatment. Records were stored securely and staff were aware of the need to handle information confidentially.

The registered manager and staff saw the service as a home for life wherever possible, and many of the people using it had been supported for a number of years. The senior staff and the carers had all completed end of life training. An external healthcare professional we spoke with told us the service supported them to provide dignified end of life care to people using the service.

Good

Is the service responsive?

Our findings

People told us they found the service responded very positively and promptly to their needs and that there was lots of activity on offer to them. People and their relatives told us they were treated as individuals, and felt the service provided was very person-centred. One person told us, "The activities coordinator is unique. There is never a dull moment here." Another told us, "I am more than happy here, they listen and have answered any concerns I had about moving into care." Relatives we spoke with confirmed this, one had issues, but they felt they had now been resolved by the staff team who had made the changes requested to their family members care. External professionals also told us how the service had responded to their clients changing needs. They told us the service had "wrapped itself around their needs", changing the way they supported them to meet their very individual requirements. For example staff had ensured extra observation and support was in place for one person as their mobility changed suddenly, but they refused aids and equipment. They told us they felt the service responded quickly and proactively to any new issues or challenges people faced. One external professional told us, "They seek our advice, but always look for ways to meet someone's behaviour needs whilst waiting for us to be allocated. The staff team here don't hang about, they looked for simple changes they can make to how they support [name] and by the time we got involved it was about confirming that strategy and helping with a bit of advice."

Before admission to the service a pre-admission assessment was completed to determine whether the service would be able to meet people's needs. This information was then used to develop detailed person-centred care plans outlining the care and support people required. These detailed the areas where people were independent and outlined their personal goals and wishes. Where people had any specific preferences in relation to their care and treatment, for example in relation to the gender of staff providing personal care, this was detailed in their records and respected. People's families, previous carers and external professionals were involved in these assessments where appropriate. Staff told us they sought out and listened to relative's advice but always balanced this with what the person themselves wanted. As part of the assessment process, the service used a 'one page profile' document a simple and practical tool that people with dementia could use to tell staff about their needs, preferences, likes and dislikes; and enabled staff to see the person as an individual and deliver person-centred care tailored specifically to their needs. Staff had also completed these one page profiles and they were available for people and visitors to review.

Staff told us how they offered people alternatives or suggestions, such as different activities inside and outside the service they might enjoy. One staff member told us that sometimes people developed new interests as a result of moving to the service and finding out about something new they had not tried before. For example, there had been a course in photography developed that a number of people had taken up, despite never using a camera before. Plans we reviewed were detailed, personalised and gave clear guidance about how best to meet people's needs. We could see where people's personal goals were met, as well as how care and support had been individualised to ensure people's preferences were met.

We saw that some people had been in long term respite or hospital prior to admission to the service. We saw that some people's mobility had declined during that period and people had been issued equipment or advised they would always need staff support in future. Staff we spoke with told us how they still sought out

occupational therapy or physiotherapy input to see if people's mobility could be improved or regained. We saw that staff followed plans to increase people's mobility by supporting them to attend appointments or by creating opportunities in the service to exercise and regain their mobility. One person's family member we spoke with was able to tell us how staff had helped their relative regain their confidence after a fall by supporting them and encouraging them to keep trying.

People's care plans were subject to thorough review. Monthly evaluations were undertaken by care staff and where required changes made to care plans, for example following a change in a person's needs following a discharge from hospital. Formal reviews of people's care planning took place on at least an annual basis. People, their families and representatives were involved in this process where appropriate. An example given to us by a family member was where their family member had lost their self-confidence and became socially isolated prior to admission and this behaviour continued after moving to the service. They told us how staff had spent time to get to know them, build a trusting relationship and continue to find activities they might participate in to rebuild their self-confidence and self-esteem. The relative told us, "I thought I may have lost my [relative], but the staff here have been fantastic in getting them on their feet again and into the social life this home has to offer." We also saw that one person had been bereaved lately and all the staff we spoke with were aware of this and took the time to talk to them about their loss and support them. We observed affection and empathy between staff, people and their relatives.

People told us they were actively encouraged to make choices about how they spent their time in the service. They said they could choose when to rise and retire to bed; what they wore, what they ate, where they went within the building, whether to join in activities and how their personal care was provided to them.

During our inspection we saw that Cranlea employed a long standing activates co-ordinator who organised events and activities throughout the home. The range of activities we saw at last inspection continued and the activites co-ordinator told us they sought out external activities specialists such equal arts to provide unique experiences for people who lived at Cranlea. We saw that a lot of development and planning had gone into creating a complimentary suite of activities that led to qualifications for people as well as stimulation for people and their families. We saw this activity helped families and people to spend quality time together. Staff told us that given peoples dementia diagnosis families struggled to stay connected with their relatives and that activities could help continue their relationships. Comments about the activities co-ordinator included, "They are one in a million," "[Name] provides an outstanding service for the people living here," "They ensure new people are fully involved in developing new activities" and "[Name] is the life and soul of the home, without them there would be a massive gap." All the people, relatives, staff and external professionals we spoke with gave examples of where activity had been created to meet people's individual needs. For example, by creating personal photo memory books with people and their families. The activities coordinator also worked alongside all the service staff to provide a range of activity across the week. Following a review of falls in the service a common time of day was identified as high risk when people became lethargic. To help reduce falls at that time of the day activities had been created to ensure that people's engagement and alertness was increased, leading to subsequent a reduction in falls.

We observed people practising for an upcoming musical event. We saw that a lot of work had gone into this production and that all people were involved in some way or another. There was infectious laughter and singing and we saw that no one was overlooked in this activity. External and service staff worked collaboratively to provide an event that people enjoyed and were able to be included in as much as they wished or was possible. We saw that there were activities suitable for people with dementia as well as sources of stimulation around the building. Staff we spoke with felt they were part of providing activity and stimulation to people and were encouraged and supported by the activities co-ordinator.

The service worked closely with the local charity Equal Arts, which delivered stimulating creative projects to older people with communication difficulties. People who used the service enjoyed visiting musicians, drama presentations and guided reminiscence sessions. These featured prominently in the activities programme, and they used people's life experiences and local culture as a focus. People also took part in regular arts and crafts sessions, which often included families. This meant that people had the opportunity to socialise and interact with a wide range of people. Healthwatch fed back to us prior to inspection how they were very impressed with how the service was using creative activities to help develop the communication capacities of residents with dementia.

The service had links with local businesses and they contributed towards social events or activities in the service. For example a bra fitting service was offered so that people could be measured and advised by professional staff. There were links to local department stores and supermarkets. Staff from these stores volunteered at the service in the garden, and supplied gifts for raffles and other fundraising events. Staff would call at the service and people were recognised when out shopping as a result. Healthwatch had received feedback from local community members who were impressed with the steps the home has taken to integrate into the local community.

The service also had a fund-raising committee which included people and their relatives as well as former residents' family members. This group actively sought out events or opportunities to improve the experience of people using the service. We saw that people were also involved in feeding back about staff performance. An event called the 'Cranlea Oscars' was being held shortly after inspection where feedback from people, relatives, staff and others was used to create an event to celebrate the positives of the service. All the people and staff we spoke with told us about this event which would be attended by a well-known former Newcastle United player. People and relatives we spoke with told us this event was a good way to feedback to the service and staff how much it was appreciated. One staff member told us, "It's easy to remember the things that didn't work, but the Oscars are about remembering all the thousands of little things that work every day."

The service had a complaints policy and procedure in place, details of which were provided to people when they first moved, were on display in the home and were discussed at reviews or any meetings. Complaints and concern records showed any form of dissatisfaction was taken very seriously by the registered manager and staff. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns. The registered manager also followed a robust process to deal with low level concerns. They kept clear records of where minor issues had been raised and what steps and action they took to resolve these issues. Issues were addressed wherever possible at an earlier stage by the registered manager and staff we spoke with confirmed that all minor issues were flagged for action to the manager or deputy. People and relatives we spoke with had no complaints and told us they would feel free to raise any issues and felt confident they would be responded to quickly.

The service aimed to provide a smooth transition for people when they went to hospital. Care records contained brief key information which went with them to hospital if required, ensuring their needs could be met whilst at hospital.

Good

Is the service well-led?

Our findings

People told us they felt the service was well led. When we asked them about the registered manager they told us, "She is very approachable and always takes part in activities when they have the time;" "[Name] is lovely, they talk to my family when they come in and the staff respect them. They have made this home into a real homely place." Relatives we spoke with confirmed this was the case and we heard examples of where the registered manager had gone the extra mile to support people. For example one family member told us how they had sought equipment and training was in place quickly so they could speed up their family members discharge from hospital back to the service.

Staff also gave us positive feedback. Numerous staff described the registered manager as "Firm but fair," or "I came to work here once I knew [name] was the manager" and "They have supported me with personal issues and helped me come back to work. If it wasn't for them this service wouldn't be as good as it is." External professionals also confirmed this, they told us the registered manager knew people who use the service well and led by example. They told us that staff were motivated and committed to providing an excellent service for people.

We were informed the registered manager had an 'open door' policy and was a visible presence within the home. They held regular staff meetings to keep staff informed of changes within the service and to provide them with the opportunity to raise and discuss concerns. Daily handovers were used to keep staff informed of the health and well-being of people using the service. The services culture of supporting people in a person centred way ran through all parts of the service. Staff culture and attitudes was consistent in making this a service they would be happy for their own family members to be cared for.

We observed the registered manager and deputy as they went about the service. They talked to people and showed insight and knowledge of their needs, answering any questions we had about people quickly. We observed genuine warmth and humour between the registered manager, people, relatives and staff.

The registered manager was working with a training and development provider to organise a registered manager's support group. This proposed group would offer a mutually supportive network for registered managers to help share skills, knowledge and opportunities. The external professional told us the registered manager had offered to chair this group as it would be good way to ensure that best practice was shared across services in the region.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Systems were still in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and care plans as well as seeking and acting on feedback from people and their families. Where areas for improvement were

identified, action was taken to improve the service. This feedback was visibly displayed around the service and all staff we spoke with felt they were open to new ideas and feedback. For example changes to shift patterns to help reduce the number of people having falls.

People and their families were encouraged to be involved in the running of the home. Residents meetings were held on a regular basis and were well attended. Records showed that ideas and suggestions were taken on board and action taken to improve the service based on peoples contributions. Feedback questionnaires were issued to people who lived at the home and their relatives. Information gathered through all of these methods was used to improve the quality of the service for people living there. For example changes had been made to the laundry service following feedback. This had been greatly improved and people and families we spoke with told us this had been resolved quickly and they were more than happy with how the service had listened to their feedback.

The service had recently been checked by the local authority commissioners. We saw that feedback from this visit had led to robust action to make the suggested improvements. External healthcare professionals felt the service worked in close partnership with them and that the registered manager was "Reliable and transparent."