

Norse Care (Services) Limited

Cranmer House

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

Cranmer House provides accommodation and care for up to 20 people for temporary periods to receive respite or re-ablement care. At the time of our inspection, fourteen people were in respite care. There were no people using the re-ablement service.

There was a registered manager in the home. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

Why the service is rated Good...

People received support to take their medicines safely from trained staff. Staff were knowledgeable about how to keep people safe from harm, and they mitigated risks to people's safety where practicable. There were enough staff to keep people safe and meet their needs.

Staff were competent to carry out their roles effectively and received training that supported them to do so. People were supported to eat a choice of freshly prepared meals, and supported with special diets if they required. People were also supported with access to healthcare when required.

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

Staff were kind and compassionate in the way they delivered support to people, and they encouraged independence appropriately. They were accommodating to people's relatives into the home when they wished to visit.

People had access to activities which supported their wellbeing and staff responded to their needs in a timely way. People were comfortable to raise concerns and speak with the registered manager if they wished.

There was good leadership in place and the staff team worked well together. There were systems in place to assess, monitor and analyse the service in order to improve. The registered manager had ensured they kept links within the local community to help provide support to Cranmer House and the people staying there.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Cranmer House

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 27 February 2017 and was unannounced. The inspection team consisted of 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.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with two relatives and four people using the service. We also spoke with five members of staff including a care support worker, a senior care worker, the cook, the activities co-ordinator and the registered manager. We also spoke with a visiting healthcare professional. We checked two people's care records and all of the medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records.

Is the service safe?

Our findings

The service remains safe. People told us they felt safe, one saying, "Yes I feel safe because there's always people around if you need help". Another confirmed, "I feel safe because they check as they go past that I'm alright". It was also reflected by the relatives we spoke with. One said, "I know [relative] is so well looked after here, I can sleep." There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training.

People's care records contained risk assessments which were relevant to their conditions, such as risk assessments pertaining to diabetes and pressure area care, as well as body maps. There were also risk assessments for people who were at risk of falling, and they contained guidance for staff on how to mitigate these risks. Care records contained guidance about how to support people to move in a safe way, and included what equipment needed to be used.

There were risk assessments in place for the building and environment. Heating, water, gas, electrical and lifting equipment had been tested. There were contingency plans in place in the case of events which could stop the service such as flooding. We found that equipment for detecting, preventing and extinguishing fires was tested regularly and that staff had training in this area. Handover sheets contained a summary of each individuals' mobility so that staff knew how to assist people to evacuate if needed.

There were enough staff to meet people's needs. One person told us, "There's always enough staff to help me." The registered manager explained that although they used a dependency tool to assess required staffing levels, that due to the nature of the service being for short stays, people's needs changed all the time. They reassessed staffing levels with this in mind, and if needed they could put more staff on shift. The provider's recruitment policies and induction processes were clear and so contributed to promoting people's safety.

People were given their medicines in a safe manner using a comprehensive system administered by staff that were trained to do so. One person told us, "My medicines come on time and [staff] make sure I take them". We checked that a sample of medicines had been counted correctly, and found that they were correct. The records had been signed for by staff who had administered the medicine, and double signed where medicines were associated with a higher risk. We also saw that the front sheet contained a photograph and all relevant information including preferences on how people took their medicines and any allergies they had. This minimised the risks of giving the incorrect medicines to people.

Is the service effective?

Our findings

The service remains effective. People told us staff were competent. A relative explained that staff were skilled at safely moving their relative into positions where they were comfortable, as they were unable to move themselves properly and required full assistance to move. Staff told us they received good training that they found helpful. Staff received practical learning for areas including moving and handling, first aid and fire safety. They received computer learning in other areas such as food hygiene and dementia awareness. They had recently received informal training in pressure care delivered by a tissue viability nurse. We saw that some training was recently expired, however dates had been booked for on-going refresher training.

Staff confirmed that they received supervisions, which were an opportunity to meet with a senior member of staff and discuss their role and any support they required. New staff had a comprehensive induction training programme and they had been supported to complete the Care Certificate. This is an industry recognised training programme for staff working within health and social care.

One person told us, "The food is very, very good and we always have a choice", and this was reflected by two more people we spoke with. People were supported to eat a wide range of hot, healthy meals which were freshly cooked each day, as well as a wide choice of desserts. Where people required support from staff to eat, staff provided this. The cook explained how they kept log of who required specialist diets, such as diabetic or soft diets. They also confirmed that if someone did not like any of the options on offer they made them something else. People had what they wanted for breakfast, including a cooked option. People had food when they wished. One person told us that they asked for ice cream in the middle of the night and staff got this for them, and others told us they could eat in between meals if they wanted.

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. All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. For example, staff were clear about the need to assume that people could consent to their own care. When needed, the registered manager liaised with people's social workers to carry out an assessment of people's mental capacity.

People had good access to healthcare and the staff often liaised with the nurses, GPs and social workers when needed. One person told us, "I've never had to call for a doctor but I have been visited by one each week". Another person said they had not received any information following a referral to a physiotherapist. We spoke to the deputy manager about this, who chased up the referral and organised a visit immediately.

Is the service caring?

Our findings

The service remains caring. Staff got to know the people staying at Cranmer House well and built positive therapeutic relationships with them. One person said, "[Staff] understand me. They're wonderful people here. It's a really caring place". Another person said, "Nothing is too much trouble for [staff]." A relative we spoke with explained that staff were very patient in communicating with their loved one, who at times had problems remembering words. We saw that staff were thoughtful and kind in their approach to people. For example, we saw that one member of staff asked one person if they wanted to sit with someone at lunch time as they were feeling low and were on their own, which they agreed to. We saw that the person responded well to this, and the two people were talking and laughing together. A healthcare professional we spoke with confirmed that people gave them positive feedback about the care they received.

People were consulted and involved in making decisions about their care. One person explained how staff asked them for their preferences, "They asked me if I was happy with a nurse or would I prefer a male nurse". People's families told us they were kept informed of people's welfare and asked how they wanted to be cared for. People's family members were welcomed by staff to visit when they wished. One relative told us, "I'm always greeted with such a big smile."

All of the people said that they felt respected by staff. One person told us, "They always treat me with dignity". Another confirmed, "They are polite and treat me with dignity and don't make me feel at all uncomfortable or embarrassed". A relative explained that they felt staff treated their loved one with respect and dignity. They said that with regards to receiving personal care, "I don't think [relative] has ever felt embarrassed here. [Relative] is relaxed with all of the staff." Staff also told us how they encouraged people to do as much as they could for themselves, and the activities coordinator took opportunities to do things with people to encourage their independence. This included offering people the opportunity to go for a walk to maintain their mobility. One person told us that staff respected their independence, "They are very helpful but they let me do as much as I can". Staff also reflected that they encouraged people to do as much as they could for themselves when delivering support to them.

Is the service responsive?

Our findings

The service remains responsive. One person said, "I seem to get attention whenever I want it and they make sure I'm alright". Two more people said that staff always provided assistance in a timely way, one saying, "There's good response to the call button: I've never been kept waiting". Staff were responsive to people's individual needs, preferences and requests. People said they were able to have a bath or shower when they wished, and they were able to eat and drink when they wished. One person said, "I need help to go to bed but I can choose what time. When I'm ready I just press my button and they're there". Staff said they involved people's families if they were unsure about an area of preference for the person, or if their needs changed suddenly.

We spoke with the activities coordinator who explained some activities which they did with people. These included giving people the opportunity to go outside for a walk, or have someone to one time, reading or doing an activity. Activities included baking, flower arranging, arts and crafts and games, and there were visiting entertainment at times, such as the visiting zoo animals. The activities coordinator gave an example of when they had recently gone around to talk with everybody about their views on Valentine's Day, and said that some people had enjoyed discussions about this. There were also newspapers supplied for people as well as books if they preferred these.

People were supported with their spirituality. During our inspection, the Salvation Army carried out a service. The activities coordinator explained that different churches within the parish came to deliver services monthly throughout the year.

People stayed in their rooms if they wished, and staff respected this privacy. One person said, "If I was in my own home I would only be watching television so I'm quite content to do the same in my room here".

There was a comprehensive and detailed pre-admission assessment which covered people's medical history and care needs. This was then developed into a concise care plan which guided staff on how to provide the support that people needed, covering personal care, moving and handling and social needs. Care plans were reviewed or added to as needed throughout people's stay at Cranmer House. Daily handover meetings between each shift kept staff informed about each person who was staying at the time. The staff team collaborated regularly with social workers and occupational therapists to ensure that equipment was provided for people to assist them in moving home when needed, to help them maintain their independence as much as possible.

A healthcare professional we spoke with said that they had a good relationship with the team at Cranmer House, and this contributed to effectively managed transitions for people moving between care services, or returning to their own homes. The registered manager explained that they regularly had contact with other health and social care professionals, such as people's social workers, to ensure that relevant information was passed on. They also liaised with other care home managers regarding people's needs.

People knew how to raise any concerns and felt comfortable to do so; one person told us, "I would have no

concern in raising any problems with the manager". People were encouraged to give feedback to staff during their stay. We saw that where the service had received any complaints, they had been investigated by the registered manager and resolved. There were some complaints which had been escalated to the regional manager, and they had responded to these. People were encouraged to give feedback on the service through online reviews. We looked at some of the recent reviews and found that people were complimentary about the service.

Is the service well-led?

Our findings

The service remains well-led. One person said, "When I told people I was coming in here they said I could not be coming to a better place". We also spoke with a relative who told us that Cranmer House had gained a positive reputation in the area, and they were glad their relative was able to stay there.

One relative said, "I can't believe such a big group of people [staff] can all be so nice!" All of the staff we spoke with said that the staff team was highly supportive and they worked well together. They also said the management team was supportive and they could go to them with any questions. There was good leadership in place and staff felt they worked well as a team and felt supported. They had an open culture, where they could approach senior staff or management staff for support when needed.

The registered manager, who had been in post for several years, and the deputy manager were visible throughout the home and accessible to staff when they needed any support. The registered manager told us they had a good relationship with their regional manager and felt well-supported in their role. The registered manager was keen to improve the service, and addressed any issues we raised immediately, and put them on the agenda for the next team meeting so they could discuss them with a view to improving the service.

We checked some audits relating to the monitoring of the service. There was a health and safety audit which was carried out and had led to any actions identified being taken. Audits were carried out regularly in respect of medicines storage, administration and recording of associated risks. We saw that where they had identified any gaps or concerns, action had been taken immediately to rectify these.

There was a yearly quality assurance survey, however the registered manager commented that the uptake of this was not always as good as they hoped, because people stayed for a short period of time. The results for 2016 were in the process of being analysed and published.

There was a monthly reporting system for analysing accidents and incidents, which showed any trends in certain accidents such as falls. We saw that there had been no recent incidents in the home. The registered manager was aware of what they needed to notify CQC of, and liaised regularly with the local authority and NHS teams when needed.

Links with the community included links with the local Salvation Army, who visited the home at times. A local school had visited Cranmer House before Christmas and brought presents to people and sung carols. The registered manager told us they were planning to create more links with some local schools to organise visits to Cranmer House as people had enjoyed this. There was a 'Friends' committee, who were a group of people dedicated to fundraising and organising some things for Cranmer House, and had given an additional budget for activities for the year. The registered manager also told us about some on-going plans they were planning to fund, such as a complementary therapist visiting and use of a mini-bus.