

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Cranmer Scheme

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Leeds Jewish Welfare Board
Registered Manager	Mrs Valerie Theresa Burns
Overview of the service	The Cranmer Scheme is a care home without nursing. The care provider The Jewish Welfare Board is registered to provide accommodation for up to 16 people who require personal care. This care is provided in two separate houses each accommodating eight people who use the service.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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The inspection visit was carried out by one inspector. During the inspection, we spoke with the home manager, deputy manager, care staff, people who used the service and relatives. We observed staff interactions with people who lived at the service, and looked at care records and records used to monitor the quality of service.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five key questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found. The summary describes what we observed, the records we looked at and what people who used the service and the staff told us.

Is the service Safe?

At our last inspection in February 2014 we had raised concerns about the bathrooms at the service and some aspects of food hygiene. Following the inspection the provider forwarded an action plan telling us how they planned to address these shortfalls. They also provided us with regular updates regarding the progress of planned refurbishments. At this visit we found all actions had been completed as planned and people were living in a clean and hygienic environment.

Is the service Effective?

We did not look at regulations under this domain at this inspection.

Is the service Caring?

We found staff we spoke with demonstrated a good knowledge of people's needs and

were able to explain how individuals preferred their care and support to be delivered.

People we spoke with told us they were satisfied with the care they received.

Is the service Responsive?

Care records were detailed and reflected the individual needs of people who lived at the service.

People were involved in their care and were supported to lead fulfilling lives and be part of their community.

Is the service Well led?

We saw the home held meetings for people who used the service to give them the opportunity to share their views and make suggestions for improvements to the service.

The provider had an effective system to regularly assess and monitor the quality of the service that people received. We looked at a selection of reports which showed the provider had assessed and monitored the quality of service provision.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We observed interactions between staff and people who used the service. Staff had time to dedicate to each person they were supporting. People who lived at the service required different levels of support to meet their physical, social and emotional needs. Staff knew the people they supported well and were careful to ensure they were offered the correct levels of support. We saw how staff encouraged people to develop their independence. Staff had time to support people in an unhurried manner.

People were supported to maintain their own preferred routines. This meant people who lived at the service could pursue individual activities without being restricted by routines of staff or other people who used the service. For example, we observed one person taking a very late breakfast. We asked if this would prevent them from wanting to eat at lunchtime. Staff told us it was important the person was allowed to follow their preferred routine so would be supported to have their lunch at a time that better suited them rather than be expected to eat at the same time as others.

We spent time with people who used the service who had limited verbal communication. Some people were able to confirm through gestures and responses to questions that they were happy living at the service and were satisfied with the care they received. One person told us "All staff are kind; I feel in charge of my life. It is like living at home. It's one big happy family."

We spoke with a relative of a person who used the service regarding their family member's care. They told us, "I say he could not be happier in Buckingham Palace; they could not be better looked after."

Staff we spoke with told us there were enough staff and that staff were provided with the

information required to meet the needs of people who used the service. Staff told us they were always provided with a handover of information at the start of each shift. This ensured that all care staff were aware of any changes in people's conditions. We observed a handover meeting; in addition to discussing the needs of people who used the service staff also shared information about Kosher food brands that had increased the range of choices available. Staff discussed those people who had particularly enjoyed certain options and suggested these were offered to people when arranging the next food shop. This showed people's likes and preferences were shared in addition to their changing care needs.

Staff told us they were happy in their work and felt they had the resources they needed to support people appropriately. One staff member told us, "I truly believe everybody here is doing a great job and looking after people really well. Staff are all willing to do a little bit extra", and, "We support people to do things they think they cannot do."

People who used the service had their own keys to the front door. This allowed them to come and go as they pleased. People were supported to take part in a range of meaningful activities. We observed one person supporting staff to make a shopping list for the week. Another person told us it was important for them to help prepare the vegetables for the weekly Shabbat meal. On the day of our visit some people were out at day centre, work or pursuing their own interests.

We spoke with a relative of a person who used the service who told us they had started to become concerned their family member was lacking some social stimulation. They explained staff immediately took steps to review their family member's weekly programme of activity and had shared their proposed plan with them on the day of our visit. They told us this reflected their family member's interests and they were delighted with the response of the manager and staff.

We looked at the care records of three people who used the service. Care records emphasised people's strengths and levels of independence and showed the service worked closely with a wider multi-disciplinary team to both support people's needs and to help them maintain or improve their independent living skills. Where risks had been identified risk assessments were in place that balanced the risk against the need to support the person to be as independent as possible. Where people were not able to communicate verbally and required high levels of support to meet their needs their care plans provided details of their known preferences and gave very clear guidelines to staff about how to support them.

Where people had a diagnosis of a specific condition we found additional information in their care records. This meant staff were able to easily access information about how to help the person manage their diagnosed condition. Care plans were reviewed regularly. Where people were able and had been involved in reviews of their care plans they had signed to confirm their involvement.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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At our previous inspection in February 2014 we had identified some concerns regarding cleanliness and infection control. This included the bathrooms requiring refurbishment, some issues about the recording of fridge temperatures and food storage as well as a lack of cleaning schedules and infection control training for staff. Following our inspection the provider forwarded us an action plan they were following to make the necessary improvements. They also provided regular updates regarding the completion of the bathroom refurbishment programme.

At this visit we found all the actions identified in the action plan had been completed. The bathrooms had been refurbished throughout the service. In addition to improving the standards cleanliness and infection control people who used the service told us the new bathrooms had benefitted them in other ways and made bathing and showering more pleasurable. The provider had purchased bathroom cabinets to allow people to store their personal belongings in the bathroom they regularly used whilst minimising any risk of cross infection.

Cleaning schedules were in place and staff signed when tasks had been completed. The provider may find it useful to note that this did not usually happen at weekends though the registered manager told us weekend cleaning took place.

We checked the food handling arrangements and found staff at the service acted in accordance with food safety legislation. This meant people who used the service were protected against the risks of infection associated with food preparation.

We found the service to be clean and free from malodour throughout. Appropriate arrangements were in place for the disposal of clinical waste.

Staff told us they had completed infection control training and we saw records confirming this.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The registered manager explained their quality assurance processes were informed by the provider's quality assurance policy. They explained they had regular monitoring visits from the provider but these were not recorded formally. The registered manager explained the provider was introducing plans to undertake formal monitoring visits as part of their quality monitoring.

People who used the service were invited to 'house meetings'. Minutes were produced and showed they were well attended. One person who used the service told us they valued the meetings telling us, "I can say what I think. I do not go and keep my mouth closed. I am chair of the residents meetings." The meetings followed a structured agenda including house matters, health and safety, the garden, individual issues and outings. People who used the service were invited to add to the agenda before the meeting. This allowed people to highlight those issues that were important to them for discussion.

The minutes of house meetings showed the registered manager shared feedback from monitoring visits by the local authority. One meeting had also been used to discuss disagreements amongst people who used the service. This had been used as an opportunity to remind people that they should not accept abuse of any kind and reminded people of the actions they should take if they were worried or felt threatened in any way.

The registered manager told us they sought feedback from people on a daily basis and addressed any concerns as they arose. On the day of our visit one person who used the service informed the registered manager they were not happy with timer on the automated bathroom lights. We saw the manager had arranged for this to be addressed during our visit.

Staff meetings were held regularly and provided staff with the opportunity to discuss issues within the service. Minutes showed other discussion included a review of key worker

arrangements and training updates.

We saw records of regular maintenance checks and servicing of equipment within the service. The provider had also developed a 'property and development maintenance plan 2014-16'. This showed the provider had considered the additional work that would be required to maintain standards at the service in relation to the environment and equipment needs.

Audits completed by the registered manager included medication and care plan audits. The registered manager told us some of the monitoring they completed was not recorded but they were working with the provider to develop a system that provided an audit trail of their quality assurance processes.

The registered manager told us the service was involved in the local authority's 'Progress for Providers' scheme. They explained that as a result of this work they were reviewing support plans and wanted these to be agreed with people who used the service before any changes were implemented. The registered manager also explained they were developing a one page profile for staff that would be reviewed with people who used the service to help match people to their key workers.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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