

Random inspection report

Care homes for adults (18-65 years)

| | |
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| Name: | Cranmer Scheme |
| Address: | Lynda Cohen House 1 Cranmer Road Leeds West Yorkshire LS17 5PX |

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|---|------------------------------|
| The quality rating for this care home is: | three star excellent service |
| The rating was made on: | |

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

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|------------------------|--------------|---|---|---|---|---|---|---|
| Lead inspector: | Date: | | | | | | | |
| Carol Haj-Najafi | 2 | 2 | 0 | 4 | 2 | 0 | 1 | 0 |

Information about the care home

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| Name of care home: | Cranmer Scheme |
| Address: | Lynda Cohen House 1 Cranmer Road Leeds West Yorkshire LS17 5PX |
| Telephone number: | 01132371052 |
| Fax number: | 0113287470 |
| Email address: | management@lindacohen.plus.com |
| Provider web address: | |

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|--|----------------------------|
| Name of registered provider(s): | Leeds Jewish Welfare Board |
| Name of registered manager (if applicable) | |
| Ms Valerie Theresa Burns | |
| Type of registration: | care home |
| Number of places registered: | 16 |

| Conditions of registration: | | |
|-----------------------------|-----------------------------------|---------|
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| dementia | 3 | 0 |
| learning disability | 16 | 16 |

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|--|--|--|--|--|--|--|--|--|
| Conditions of registration: | | | | | | | | |
| 1. The registered person may provide the following category of service only: Care home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Service users with a Learning Disability - code LD Service users with Dementia - code DE (maximum number of places 3). | | | | | | | | |
| 2. The maximum number of service users who can be accommodated is 16. | | | | | | | | |
| Date of last inspection | | | | | | | | |

Brief description of the care home

The Cranmer Scheme is part of the Leeds Jewish Welfare board's 'Rainbow Project'. It incorporates two houses, domestic in style, each with a small garden. Both houses are purpose built to provide a residential setting for Jewish people with a learning disability. The houses are situated on either side of a narrow access road into a housing estate. They are within easy travelling distance for the wider Jewish community and the city centre. Eight people are accommodated in each house. Both houses have ground floor accommodation suitable for people with mobility problems. Lynda Cohen House has lift access to the first floor. The scheme operates in accordance with Jewish Cultural requirements. Twenty four hour staff cover is provided, with a member of staff sleeping on the premises in each of the houses at night. Information about the service, which includes the last inspection report and a service user guide is available directly from the home. The registered manager will provide information about the fees.

What we found:

We looked at all the information that we have received, or asked for, since the last key inspection. This included:

- The annual quality assurance assessment (AQAA) that was sent to us by the service. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.
- Information we have about how the service has managed any complaints or safeguarding incidents.
- What the service has told us about things that have happened in the service, these are called 'notifications' and are a legal requirement.
- The previous key inspection which was carried out on 20 June 2007 and annual service reviews.
- Relevant information from other organisations and what other people have told us about the service.

Surveys were sent out to people who use the service and staff. Eleven surveys were returned, seven from people who live at the home and four from staff.

One inspector carried out an unannounced visit to the home on 22nd April 2010. We spent three and a quarter hours at the home and spoke to four people who live at the home, four staff, the registered manager and the area manager.

The service sent us their annual quality assurance assessment (AQAA) when we asked for it. It gave us good examples of what they do well, how they have improved and how they plan to improve.

In the AQAA, the registered manager provided us with examples of what the service does well and said, "The services we provide are person centred and the people who live in the home are involved in all aspects of their care and support. We actively encourage people to live as independently as possible within the Jewish and wider community." "Individual care plans demonstrate the choices made by the people who live in the home. The plan focuses on the individual's strengths and personal preferences and the plans include a comprehensive risk assessment, which is regularly reviewed." "We have a functional staff team in place who work very well together and aim to provide excellent, individual care for each person. We have a highly trained and skilled workforce. The project ensures that staff receive relevant on-going training that focuses on improving the quality of life of the people who live in the home." "The daily running of the home is influenced and structured around the specific needs of the people who live there."

People who live at the home told us they are happy with the care they receive and gave us some very good examples of what the home does well. One person said, "It's a nice little home. I'm very pleased with it." Another person said, "We're well looked after. The staff are nice." People said they make decisions about what they do, which includes

choosing menus, activities and when to go to bed.

When we spoke to staff during our site visit they said people who live at the home are well cared for. Staff said they are familiar with people's care plans and the care planning system works well. Staff said the home works very well with other professionals and is very good at meeting people's needs. One staff said, "We deliver a full care package and the home is run solely for the people who live here. It is definitely excellent care." Another staff said, "People have good variety and as much independence as possible."

In the main, staff surveys provided us with positive information about the service. They told us staff are given up to date information about the needs of the people they support and they know what to do if someone has concerns about the home. They gave us examples of what the service does well. One survey said, "It provides a holistic environment for all people who reside in the houses. It provides a very high standard of care for everyone." Another survey said, "We provide excellent care for people that live here."

Before we completed our site visit, someone raised concerns about the service. We looked at these as part of our inspection and found that the concerns were unfounded or had been dealt with appropriately by the home.

A concern was raised that the food budget was tight. We asked everyone we spoke to at the inspection if they had enough to eat or was there any restrictions on quantity or quality of food. Everyone said the food is very good and people always have plenty to eat. Two people commented that there is too much food.

A concern was raised that staff do not have enough time on a morning to support people. One person does require additional support and this has been discussed with the commissioners. An additional staff member now works on a morning to make sure there are sufficient staff.

A concern was raised about the overall management of the service. We talked to people who live at the home and staff about the management of the service. Everyone said they would talk to the manager if they have concerns and are confident she would deal with things appropriately and fairly. Everyone thought the home is well managed and the manager is approachable. One person who lives at the home said, "(Name of manager) is a nice person, I can talk to her all day and if I have any problems she'll sort them out." One staff said, "I feel well supported." Another staff said, "They know what's important. If (name of manager) won't have something in her own house then she won't have it here."

When asked where the home could improve, some people suggested staffing levels could be better. Everyone agreed that people's needs are met but felt that sometimes people who live at the home would benefit from more staff time and more opportunities to go out. One person who lives at the home said, "We could sometimes do with a few more staff because sometimes we only have two staff on." Two staff surveys said there are always enough staff; one said there are usually enough staff and one said there are never enough staff. The staff we spoke to during our site visit did not have any real concerns about the staffing levels. The home uses a 'pool of bank staff' to cover the home when they are short staffed. This is a regular pool of staff and everyone said the system works well.

We spoke to people about safeguarding. One person who lives at the home told us about a recent incident where she was assaulted by another person who lives at the home. She said staff had sorted it out and she wasn't frightened of the person and felt safe. We looked at incident records which were very detailed and clearly identified that two incidents had taken place where people who live at the home had attacked other people who live at the home. Both incidents were reported to the care management team and they have been closely monitoring the situation but the home did not refer the incidents to the safeguarding team or notify CQC.

At the last inspection we made a requirement that the service must notify of us of significant events. We have received notifications about accidents and other events that have occurred at the home. The area manager said they have clear policies for reporting incidents but acknowledged that they should have reported the two incidents to other agencies as well as the care management team. It is important they share this information with us and the safeguarding team so we can make sure people are safe and monitor significant events at the home. The area manager said she would make sure everyone was aware of the reporting procedures.

At the last inspection we also made a requirement that 'when medication is administered to people who live at the home it must be clearly recorded' because this will ensure that people get the correct medication. In the AQAA, the registered manager said, "We now undertake daily checks of medication administration records and witness charts." Staff confirmed that they administer medication with another staff member who then witnesses the administration and signature of the medication record, and then signs to confirm they have witnessed it. They also said medication records are checked everyday at handover. However, when we checked the medication administration records there were two gaps in the records for the medication that was administered that morning. The witness chart was signed and the medication was not in the blister pack. No other gaps were on the medication records. There are systems in place to check medication records for signature gaps but these should be reviewed to make sure these are picked up in a more timely fashion. Medication records should be signed at the time of administration.

Three other requirements made at the last inspection, which relate to staff records, the temperature of a bedroom and care plans have been met.

Staff said they are given training that is relevant to their role, helps them understand and meets individual needs and keeps them up to date with new ways of working. Several staff said they think training is very good and the organisation makes sure training is up to date. Staff said they are confident at using hoisting equipment and receive the necessary training before they support people who use hoists for moving.

What the care home does well:

People who live at Cranmer Scheme are well cared for and good systems are in place to make sure their needs are recognised and met.

The manager and staff treat people with respect and make sure their rights and independence are promoted.

Staff receive good support and are well trained which equips them with the right skills and knowledge to meet people's needs. Staff work well together as a team.

Everyone benefits from a well run home. The manager communicates a clear sense of direction and everyone has a good understanding of their role and responsibilities.

What they could do better:

The service should make sure safeguarding incidents are reported to the relevant agencies. This will help safeguard people who live at the home.

Medication practices should be reviewed to make sure medication administration records are signed at the time of administration. This will make sure medication is administered correctly.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
| | | | | |

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
| | | | | |

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| 1 | 23 | 13 | Safeguarding incidents must be reported to the relevant agencies. This will help safeguard people who live at the home. | 30/05/2010 |

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

| No | Refer to Standard | Good Practice Recommendations |
|----|-------------------|--|
| 1 | 20 | Medication practices should be reviewed to make sure medication administration records are signed at the time of administration. This will make sure medication is administered correctly. |

Reader Information

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| Document Purpose: | Inspection Report |
| Author: | Care Quality Commission |
| Audience: | General Public |
| Further copies from: | 0870 240 7535 (telephone order line) |

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

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