

Longhurst & Havelok Homes Limited

Cranwell Court

Inspection report

Cambridge Road
Grimsby
South Humberside
DN34 5EP

Tel: 01472278479
Website: www.landhhomes.org.uk

Date of inspection visit:
08 October 2018
09 October 2018

Date of publication:
30 October 2018

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 comprehensive inspection took place on the 8 and 9 October 2018 and was unannounced.

Cranwell Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cranwell Court is registered with the Care Quality Commission to provide personal care for up to 56 older people who may be living with dementia in one adapted building. The main area of the service is the Residential Unit and accommodates older people who may be living with dementia. There is a separate wing, known as the Enhanced Dementia Unit, which provides support to older people living with more complex needs around their dementia. The placements in this unit are all contracted by the Clinical Commissioning Group (CCG) and supported by NAViGO, a Community Interest Company and a not for profit social enterprise that emerged from the NHS, to run all local mental health and associated services in North East Lincolnshire. People there are jointly supported by the service and NAViGO along with input from professionals from the CCG. There were 54 people using the service at the time of this inspection.

At our last inspection in April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to feel safe using the service and staff ensured that risks to their health and safety were reduced. Suitable numbers of staff were recruited and deployed to meet people's needs. Safeguarding policies and procedures were in place and staff were aware of the procedures to follow in the event of concerns. People were supported to take their medicines safely. Good standards of hygiene were maintained.

There was a positive and inclusive atmosphere within the home. Staff were compassionate, kind and caring and had developed good relationships with people. Staff knew people well and promoted their dignity and respected their privacy. Care plans were person-centred and detailed. People who used the service were provided with the care, support and equipment they needed to maintain their independence. They participated in a wide range of meaningful activities within the service and in the community.

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

People's nutritional needs were assessed and they enjoyed good food. Staff worked closely with healthcare professionals to make sure the care and support met people's needs and they received medical attention when necessary.

Staff received a range of training and we received positive feedback about the effective care and support they provided. The registered manager used supervisions and an annual appraisal to support staff's continued professional development.

The provider and registered manager consistently monitored the quality of the service and made changes to improve and develop the service, considering people's needs and views. People, relatives, visiting professionals and staff all gave us positive feedback about the management team. Effective systems were in place to manage complaints and concerns.

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good.

Cranwell Court

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 was planned to check whether the registered provider was 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 comprehensive inspection took place on 8 and 9 October 2018. On the first day of the inspection, the team consisted of an inspector, an expert by experience and a specialist professional advisor who specialised in the care of people living with dementia. The second day of the inspection was completed by one inspector.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information we held about the service and requested feedback from other stakeholders. These included the local Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including meal times.

During the inspection we spoke with twelve people who used the service, nine of their relatives and four visiting professionals. We also spoke with the registered manager and 10 staff; this included, team leaders, senior care workers, care workers, the cook, activities coordinator and the laundry assistant.

We looked at six people's care files and reviewed medication administration records. The recruitment records, supervision, appraisal and training documents for three members of staff were also looked at. We reviewed documents and records that related to the management of the service. This included audits,

maintenance records, risk assessments and policies and procedures.

Is the service safe?

Our findings

At the last inspection in April 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

Care and support was planned and delivered in a way that ensured people's safety and welfare. People and their relatives consistently told us the care provided was safe. One relative told us, "The home is very safe. I've seen the way they [family member] and others are treated and have never seen anything that has bothered me."

The provider had effective systems in place to safeguard people from abuse and harm. Staff had completed training and understood their roles in protecting people and reporting concerns. They confirmed they would do this without hesitation to keep people safe.

Risks for people continued to be managed safely. Risk assessments were person-centred and supported people to remain safe whilst optimising their independence as much as possible. The service worked closely with health professionals to reduce the risks to people. Staff reported accidents, incidents and concerns. All accidents and incidents were fully reviewed by the management team to ensure appropriate action had been taken.

Staff continued to be recruited safely. Candidates were required to complete an application form, attend a competency based interview and have checks on their background and character completed to help ensure they were suitable to work with vulnerable people.

People were supported by sufficient numbers of staff to meet their needs safely. Throughout our inspection we saw staff working in a relaxed and unhurried manner and had time to respond to people's needs. The registered manager used a dependency tool which considered the individual needs of people. Staff were deployed in a way that was consistent with personalised care.

Medicines continued to be safely managed by the service. People received their medicines as prescribed. Their medicines were reviewed regularly by their GP or psychiatrist; for example, those prescribed to manage people's mood and behaviour. The staff also used pain assessment tools to help ensure people received effective pain relief.

Health and safety related checks were completed regularly to help keep the premises and equipment safe for people. There were also policies and procedures for dealing with emergency situations. Staff had received training in infection prevention and control and the service was clean, tidy and odour free throughout. Staff had access to a good supply of personal protective equipment and we advised them on the safe storage of vinyl gloves, to prevent the risk of ingestion.

Is the service effective?

Our findings

At the last inspection in April 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

People's health care needs were met. Changes in people's healthcare needs were identified and support and advice had been sought from the relevant professionals when required. The regular multi-disciplinary review meetings held on the enhanced dementia unit were attended by members of the community mental health team (CMHT) and service staff. This provided a comprehensive review of individual's care and treatment and demonstrated a collaborative approach to care. Feedback from the CMHT was very positive around communication and the effective and consistent care provided by staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people living at the home were subject to restrictions for their safety.

Staff had a good understanding of the principles of MCA and legislation was adhered to; some minor improvements were made with consent records during the inspection. Best interest decisions were specific and involved relevant persons; the least restrictive option was always explored. People were offered choice and asked for consent before support tasks were undertaken by the staff.

People's nutritional needs were met. Menus were varied and the meals prepared looked well-presented. People's food preferences and dietary requirements were known and catered for. All comments about the meals were positive and included, "Fantastic, so much variety and there's always homemade cakes" and "Food is magnificent. It is well-cooked and presented and there are plenty of in-between foods like cakes and biscuits."

Staff continued to be provided with a comprehensive induction and a range of training to give them the skills and knowledge to provide people's support. Some gaps in refresher training had been planned and additional courses on conditions common to the elderly were being sourced. There were staff champions at the service who were responsible for promoting learning and sharing information about their chosen subject. The provider used supervisions and appraisals to monitor staff's performance, wellbeing and support their continued professional development.

The service provided a homely, personalised environment for people. There was good signage to help people's orientation. The registered manager had made changes to how some of the communal areas were used, with good effect and people now had more space to move freely around. Garden areas were attractive and accessible.

Is the service caring?

Our findings

At the last inspection in April 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

Positive feedback about the caring staff was given by all the people we spoke with. One person told us, "The staff are all friendly and kind. They treat me very well." A relative told us, "The staff all care about the residents and the family too, they are very kind and caring." Another relative praised the support they received from staff. They told us how the service had recently set up a support group for families; they had attended the first meeting and found this extremely positive and helpful.

People were treated with kindness and respect. Staff knew people well and had built trusting relationships. People were supported in a dignified and respectful manner. When communicating with people, staff showed an interest in what people wanted to say to them, spoke politely and made efforts to ensure they were at the person's eye level. They showed patience and understanding if people had communication difficulties. Staff spoke warmly and respectfully about the people they supported and described how they adapted their approach to meet people's individual needs and preferences. Some people preferred more formal interactions, whilst others preferred a more informal approach, including sharing jokes with staff.

Staff were mindful of respecting people's privacy and dignity. People told us staff always rang their door bells outside their flats before they entered and brought their post unopened. People looked well cared for and well presented in their appearance. Staff maintained people's confidentiality.

Staff completed equality and diversity training and some information about people's diverse needs were recorded in their care files. Staff showed a positive regard for what was important and mattered to people. People were supported to live according to their wishes and values and had access to advocacy services. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. People's preferences were treated with importance. We saw some people had chosen the gender of the staff for support with their personal care.

People's care records showed they and their relatives had been involved in the care planning process wherever possible. Relatives told us they had been consulted and involved in the planning and review of their family member's care and people told us they were regularly consulted about how they lived their daily lives.

Is the service responsive?

Our findings

At the last inspection in April 2016 we rated the service as 'Good'. At this inspection, we found the service remained 'Good'.

Care files contained detailed information about the areas people needed support with and any risks associated with their care. The care plans were person-centred and reviewed regularly to ensure information remained current. We talked with the registered manager during the inspection about some limitations with the current documentation system and how the service could benefit from a more updated format. They confirmed the provider was looking to introduce a more up-to-date electronic recording system in the future.

Since the last inspection staff had continued to respond well to people's behavioural needs and care plans were based on a positive, proactive approach and best practice guidance. The behaviour plans for people residing in the residential unit contained less detailed directions for staff and improvements were made to the records during the inspection.

People's communication needs were assessed and planned which helped ensure staff understood how best to communicate with each person. Records could be provided in alternative formats.

End of life care was considered at the home and people's wishes were documented in their care plans. This included their personal preferences around cultural and spiritual beliefs, where the person would prefer to be, and who they would want to support them at the end of their life. New staff training courses on end of life care for people living with dementia were being arranged.

There was an effective system in place to support people to raise any concerns or make a complaint. Records showed complaints were investigated and responded to appropriately.

The service had an activity coordinator and volunteers who supported people with a wide range of activities. People's individual needs and preferences were identified and well-met. For example, individual music playlists were provided to people following admission to help them settle in. The activity programme was very varied and provided group and individual support. The home choir was popular. There was excellent community access and involvement; the service had developed positive links with local schools, colleges, organisations and places of worship. Training around dementia had been provided by home staff to local organisations such as supermarkets to improve understanding and people's experience.

Is the service well-led?

Our findings

At the last inspection in April 2016 we rated the service as 'Requires Improvement', as there was no registered manager in post and some recording systems needed to be maintained more consistently. At this inspection, we found the service had improved to 'Good'. Improvements had been made with the quality and consistency of care records.

An experienced registered manager had been appointed, who was supported by two team leaders and senior care staff. 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.

The registered manager understood the regulatory responsibilities of their role and kept themselves up to date with legislative changes and current best practice guidelines. Although, all notifications of significant events had been provided to us in a timely way, we advised the registered manager of the need to ensure notifications contained all appropriate information, which they confirmed they would address.

The culture of the service was open, honest and focused on people's individual needs. People, their relatives, professionals involved with the service and staff were treated with respect and in a professional manner. They all spoke positively about the management team and their approach. A relative told us, "The manager is so right for the job. She has great experience and she is very open, I like the way she does things."

Quality assurance systems remained effective. There were processes to assess, monitor and drive improvements in the quality of care people received. These included a rolling programme of audits by the registered manager and other staff on key aspects of the service. Regular care plan audits had ensured the care records were consistently maintained. Feedback was obtained through review meetings, surveys and 'resident's' and staff meetings.

Significant improvements had been made towards the reduction of incidents at the service. The management team now held weekly scrutiny meetings, where all incidents and accidents were reviewed to look at any patterns or trends, lessons learnt and ensure appropriate action had been taken to reduce risk of reoccurrence.

The registered manager had established links with other organisations and professionals to ensure people received a good service. This included working in partnership with health and social care professionals.