Flarepath Limited

Cranmore

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 2 October 2017 and was unannounced. The previous inspection was carried out in August 2016 when concerns were identified about recruitment processes, staff supervision, managing people's goals and aspirations and ineffective quality monitoring systems. At this inspection we found improvements had been made.

Cranmore is registered to provide accommodation and personal care for up to six people who have a learning disability and other complex needs. Cranmore is a detached house situated on the outskirts of New Romney. The service had a communal lounge and dining area available with comfortable seating and a TV for people, each person had their own bedroom, decorated and furnished to suit their needs and preference. There was a secure enclosed garden to the rear of the premises. Building works were nearing completion at the time of our inspection to an extension adjoining the main house.

The service had a registered manager, who was present throughout the inspection. 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 and associated Regulations about how the service is run.

A robust system to recruit new staff was in place; this helped to make sure that people were supported by staff that were fit to do so. Throughout the day and night there were sufficient numbers of staff on duty to meet people's assessed needs. When staff first started to work at the service they were supported to complete an induction programme. Staff continued to be supported with on going training, support and supervision. Staff meetings took place. These all gave opportunity for staff to share ideas and discuss any issues.

Medicines were managed safely and people received their medicines when they should. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and referrals were made when required. People were supported in a safe environment and risks had been identified, and were managed in a way that enabled and encouraged people to live as independent a life as possible.

Records were in good order and contained current information that was clearly laid out; making them easy to use.

Staff understood how to protect people from the risk of abuse. They had received safeguarding training and were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency

plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
Systems were in place to check if people were at risk of being deprived of their liberty. Systems were in operation to obtain consent from people and to comply with the MCA. People were supported to make decisions and choices about all aspects of their lives.

Staff encouraged people to be involved and feel included in their environment. People were offered activities and participated in social activities when they chose to do so. Staff knew people and their support needs well. The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people eating a healthy diet.

Staff told us the service was well led and they felt very supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager or service provider at any time and they would be listened to and suggestions discussed. Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. The registered manager and provider had good management oversight and were able to assist us in all aspects of our inspection.

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 was safe.

People were protected from harm and abuse. Assessments had been made to minimise personal and environmental risks to people.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

There were enough staff on duty to meet peoples' needs. Appropriate checks were made when employing new staff.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and support to have the skills and knowledge they needed to be effective in their roles.

Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of gaining consent and giving people choice.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

Staff knew people well, were kind, caring and compassionate and had developed positive relationships with people and their family members.

Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and dignity.

Staff encouraged and supported people to maintain relationships with their families.

Is the service responsive?

Good

The service was responsive.

Care records gave clear guidance and were reflective of people's individual needs.

People took part in a variety of activities and social events.

People and relatives knew how to raise a concern or complaint and felt listened to.

Is the service well-led?

Good

The service was well-led.

Records were accurate, in good order and stored securely.

Audits and checks were in place. They were effective in identifying shortfalls.

Feedback had been sought from people, relatives and staff and suggestions for improvement were acted on.

Staff were clear about their roles and responsibilities and felt supported.

Cranmore

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 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 2 October 2017 and was unannounced. The inspection was carried out by one inspector, this was because the service was small and it was considered that additional inspection staff could be intrusive to people's daily routine.

Before the inspection we looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury. We also reviewed the 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 visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included three care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.
We spoke with each person who used the service and two members of staff, as well as the registered manager and service provider. After the inspection we received feedback from one social care professional who had had recent contact with the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Cranmore, one person told us, "Yes, I like it here", another person said, "I'm happy here, very glad to live here". We saw people were confident within the service, comfortable each other and reassured by the staff who supported them.

At the last inspection we reported that people were not protected as far as practicably possible by a safe recruitment system to ensure appropriate staff supported them. At this inspection improvements had been made. Thorough recruitment practices were in place and the required checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks, completing a Disclosure and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

Medicines were well managed. All medicines were stored securely in a locked cupboard and clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person who needed PRN medicines. Staff worked closely with external nurses to ensure people with conditions such as diabetes were supported to administer the right amount of insulin and keep accurate records of their blood sugar levels, Regular medicine audits were carried out by the manager, senior staff and the provider; we saw clear records of the checks that had taken place. The registered manager completed regular competency checks for all staff responsible for administering medicines. This helped to ensure people received their medicines safely.

People were protected from harm and abuse. The provider had clear policies and procedures in place for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising any signs of abuse and how to report it. Staff had received training on safeguarding people and were clear about the different types of abuse and what signs to look for. Staff knew the correct procedures to follow should they suspect abuse. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected.

Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff understood the importance of keeping people as safe as possible and said they would not delay in reporting any concerns they had.

Potential risks to people had been identified and assessed and clear guidelines were in place to reduce risks. There was guidance in place to tell staff what action they had to take to minimise the risks to people. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding known triggers, unnecessary hazards, whilst avoiding placing restrictions on people. Risk assessments were reviewed so that staff were kept up to date. There were clear systems in place and these were regularly audited.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there were five members of staff on duty as well as the registered manager. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. Overnight two wake night staff provided people with support; an established on-call system also provided the potential for additional staff or advice if needed. The registered manager worked a variety of shifts throughout the week, this included both office based hours and time working with people on shift. The registered manager made sure that there was the right number of staff on duty to meet people's assessed needs and kept staffing levels constantly under review.

The staff rota showed that there were consistent numbers of staff available to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the day of the inspection the staffing levels matched the number of staff on the duty rota. During the inspection staff were not rushed. Staff felt they usually had enough time to talk with people and that there were enough staff to support people.

The premises were clean and well maintained, whilst retaining a homely feel. Regular checks were in place to help ensure the safety of people, staff and visitors. Records of maintenance jobs were kept and procedures were in place for reporting repairs that were needed; the provider responded promptly to any necessary repairs or damages. Equipment was properly maintained, serviced and tested to ensure it was in good working order. Health and Safety audits were completed on a monthly basis and were reviewed by management to identify any actions required. Action taken was recorded. These checks enabled people to live in a safe and suitably maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. There was a low occurrence of incidents and accidents.

Good

Is the service effective?

Our findings

People told us staff looked after them well and gave support when needed. People felt staff knew them well and they had confidence in them. One person told us, "The staff are all good". Another person said, "They (staff) understand about me and help me".

Our last inspection found staff supervision had lapsed, it did not meet with the service's policy and opportunity to address some elements of staff practice had been missed. At this inspection we found staff were supported to discuss any issues or concerns or development needs through regular one to one supervisions. Staff had individual supervision meetings and an annual appraisal; team leaders carried out supervisions for health care assistants and the service provider carried out supervision meetings for team leaders and the registered manager. This gave all staff the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. The registered manager maintained oversight of all completed supervisions. Well maintained staff performance files ensured any areas of concern were recorded and also that good work was recognised and acknowledged.

New staff had an induction into the service, this involved spending time reading people's care records and policies and procedures. Completing e learning and face to face training as well as getting to know the service and people by spending time shadowing experienced colleagues. Along with an induction programme for the service, new staff were also supported to complete The Care Certificate; an identified set of competency standards for social care workers to keep to in their daily working life. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were supported to develop their knowledge and skills by completing an on going programme of training. The provider also supported and encouraged staff to complete qualifications in health and social care. This helped to ensure staff had the right skills, knowledge and qualifications necessary to give people the right support. A training schedule was maintained by the registered manager, it showed when training had been undertaken and when it was due to be renewed. Staff told us they completed training and that this included training relevant to their roles and the needs of the people they supported, such as, courses about positive behaviour support, proactive interventions, Epilepsy, Diabetes, Autism and Prader-Willi syndrome. Staff also told us that they felt supported by the registered manager to develop into other roles.

Staff worked effectively together, they communicated well and shared information. Staff handovers between shifts made sure that they were all kept up to date with any changes in people's needs. Staff told us that they felt very supported in their roles.

People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean. During the inspection we observed staff providing care and support to people in a way that best met their individual needs. Staff

adapted the way they communicated in accordance with the guidance contained within each person's care records. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. Applications had been made for DoLS authorisations for people who needed them, they had either been authorised or were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. The registered manager kept a tracker sheet to enable them to identify where in the process each application was or when an authorised DoLS was due to expire. Where DoLS authorisations were granted, the service ensured people were able to see a Relevant Person's Representative (RPR). An RPR represents the relevant person to provide support to them that is independent of the commissioners and care providers, including, if appropriate, triggering a review, using an organisation's complaints procedure on the person's behalf or making an application to the Court of Protection.

The registered manager had knowledge of the Mental Capacity Act 2005 (MCA). Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. Some people had to make important decisions, for example, about medical treatment. When this happened information about the choices was presented in ways that people could understand and their relatives were involved to help them decide. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

People's health was monitored and care was provided to meet any changing needs. Each person had a health needs checklist and their health continued to be monitored. Individual health needs checklists and action plans detailed how to support each individual to remain healthy. They also recorded details about appointments people had attended, what happened and what action would be taken next. People also had hospital passports, which contained important details about how to support them should they need to go to hospital. People who had specific medical conditions, such as epilepsy or diabetes had detailed personal guidance for staff to follow. When necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see.

Where they wished to be, people were involved in planning the menus, buying the food and preparing meals, snacks and drinks. People took part in setting the table and clearing away. Meal times were a social occasion when people came together in the dining room. People told us the food was good; there was plenty of choice and they could have snacks and drinks when they wanted.

Staff knew about people's favourite foods and drinks, and encouraged healthy eating and exercise. If staff were concerned about people's appetites or changes in eating habits, they sought appropriate advice. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff. Where people had conditions affecting what or how much they ate, staff were knowledgeable and knew how to support people safely.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well

maintained. There were signs and pictures in some people's rooms to help them remember where things were kept and where they should put their things. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained.

Good

Is the service caring?

Our findings

People said they liked the staff and they were all kind and caring. One person said, "The staff do care about me, they ask how I am and help me do things that I like". Another person told us "I love it here" and one person commented, "Yes, I'm very happy, I have no complaint".

The people that we spoke with and observed during the inspection were clearly happy living at Cranmore and enjoyed talking to staff and engaging in activities with them. The atmosphere was very relaxed, calm and homely. Thought had gone into making communal areas inviting and comfortable for people. There was a strong and clear person centred culture, with everything planned around the individual and centred on the person. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals and what people liked to talk about.

Staff had spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. It was clear that staff knew people well, they knew about their backgrounds, their families and their interests.

Staff communicated with people in a kind, sensitive and clear manner; they were aware of people's different communication styles, often supporting verbal communication with hand signs, such as Makaton or objects and pictures of reference. People understood what was being said to them and staff responded appropriately to their responses. Staff were able to tell us about unspoken communication such as changes in mood, body language, facial expressions and mannerisms. They knew this could indicate people were feeling unwell, in pain or becoming agitated. Staff spoke with people about how they felt. Guidance was in place about how to best support any concerns identified, for example, by offering pain relief, providing company or engaging people in activities.

Staff were attentive; people were given personalised care and were supported in a way that they preferred. Some people had specific needs and routines that were accommodated well by the staff. There was laughter; people and staff were seen to have fun together and shared a laugh and a joke and people looked happy. There was a clear affection in the way staff spoke to people, they observed and listened to what people were expressing and gave acknowledgement and reassurance.

Staff were confident and adept with people's different communication methods. People responded well to staff and looked relaxed and comfortable with them. We saw staff interacting with people in a way that demonstrated they understood their individual needs, for example, engaging people in conversations about things they liked to talk about and managing people's expectations about what was happening now and next to avoid anxiety.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families, relatives and friends and the registered manager and their team helped to facilitate this.

People who needed it were given support with personal care by staff who were kind, respectful and protected their dignity. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. When people attended health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

Care plans told staff how any religious needs would be met and contained details about people's end of life wishes and funeral arrangements. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and hand over meetings were held in private.

Good

Is the service responsive?

Our findings

There was a visible person centred approach by staff who were responsive to people's individual needs. People were relaxed in the company of each other and staff. Most people had lived at the service for a number of years. Prior to moving in, they and their families had been asked about their needs, choices and preferences and were involved in putting together their plan of care. This helped to make sure that people's needs were properly met in a way that suited them best.

At our last inspection people's ambitions and hopes were not effectively developed or maintained; goal setting and reviews were not adequately evaluated or recorded. At this inspection goal setting and evaluation had improved. Regular reviews showed what people had done and what they wanted to do. Evaluations considered what motivated people, which helped staff develop knowledge and strategies aimed at engaging people's interest, trying new challenges and life experiences. This helped to ensure people built on their achievements and received opportunity and encouragement for developing broadened ambitions and realising individual interests.

Although no one new had come to live at the service since our last inspection, pre-admission assessments were completed to ensure the service could meet people's individual needs. These formed the basis for care planning after people moved to the service and included physical health, mental health and social care needs. Care plans were comprehensive and had been reviewed monthly or as required and were up to date, they reflected the care and support given to people during the inspection. People had the opportunity to be involved in the assessment and review of their needs and preferences as much or as little as they wanted to be. This helped to ensure care and support was tailored to meet their needs.

People's care plans were person centred and contained specific, detailed guidance for staff to follow, meaning they would be able to support each person in the way they preferred. There were life histories, guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Information about people's wishes and preferences was recorded and provided guidance on people's likes and dislikes around food, drinks, activities and situations. Challenging behaviour care plans detailed what people may do, why they do it, warning signs and triggers and how best to support them. Care plans were well developed and focused upon people's choices and preferences. People had been involved in their care planning and some had signed their care plans in agreement of their content. People had review meetings to discuss their care and support. They invited care managers, family and staff to take part.

Feedback was obtained from people in a variety of ways. Individual and group meetings' gave people an opportunity to raise any issues, concerns or suggestions in a group. People also received feedback about actions taken at these meetings, letting them know what was done about previous suggestions. For example, activities and outings booked as the result of people's suggestions. Individual keyworker meetings gave people an opportunity to discuss anything privately they wanted to, with their keyworker. Any concerns raised were taken seriously, recorded and acted on to make sure people were happy with the quality of

service they received. During these meetings people were able to discuss and comment on the day to day running of the service. Minutes showed that discussions around day trips, activities and events regularly took place.

People were supported by two activities coordinators to take part in activities that they chose, both within the service and in the community. Individual activity timetables were in place but were flexible for each person. Some people had reference pictures to help them to remember what they would be doing and to engage their interest. Activities included gardening, discos, swimming, local walks, social and sport clubs. Some people attended organised day services on set days as well as trips out bowling and to local seaside towns. People told us about rides on trains and watching aircraft land and take off at a local airport as well as seeing musicals at the theatre. They also spoke about film and popcorn nights and being supported to go on shopping trips and lunches out in the services' vehicles. Improvements to the garden enabled people to cycle around it and the services activity coordinators had developed theme days with people learning about different countries, making models of iconic landmarks and having meals themed to the countries of discussion. Activity records with photos helped to remind people of activities they had taken part in and formed discussion and reminiscence aids with friends and family.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection.

Good

Is the service well-led?

Our findings

It was clear that the registered manager and staff worked hard to provide a personalised service. People told us that staff listened to them and because of this, felt that the service was well-led.

At the last inspection some records were incomplete and auditing and quality monitoring frameworks were not fully effective. At this inspection we found improvements had been made, records were all in good order and quality monitoring was effective.

The service had a registered manager who was supported by senior support workers and health care assistants. The provider was active within the service, visiting regularly and driving forward change. Improvements in the service showed staff were committed to positively develop outcomes for people. Throughout the inspection it was evident that the provider, registered manager and staff team were passionate about providing a quality service to the people living at Cranmore. Time and thought went into planning suitable activities and ensuring that that each person received care and support that fully met their needs. The registered manager demonstrated a clear knowledge and understanding of people's needs. During the inspection we observed people engaged well with the registered manager and provider who were open and approachable. Staff were clear about their roles and responsibilities and were confident throughout the inspection.

Staff were kept informed about people's changing needs and about any other issues through staff handovers and team meetings. There was a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people.

The registered manager had good oversight and gave direction to the service; they said they felt well supported by the provider. The registered provider had made changes to the scope and structure of quality monitoring and a range of audits and quality assurance systems were now in place. The registered manager and provider audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Detailed reports were produced following each visit with an action plan for the registered manager; this was reviewed at the next visit.

Feedback was sought in the form of quality assurance surveys from relatives and health care professionals, both gave positive feedback. Responses from a recent survey had been analysed and collated and showed the positive feedback received. Staff also had the opportunity to comment on the service, their responses were also positive.

The visions and values of the organisation centred around putting people first to assist them in living fulfilling lives through the achievement of their rights, independence, choice and inclusion within society.

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first.

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. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so. Services are also required to prominently display their CQC performance rating. The registered manager showed us where they had displayed the rating from the last inspection at the service.